

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. **Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Wichita Veterans Administration Hospital

other names/site number Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas

2. Location

street & number 5500 East Kellogg Avenue

NA

 not for publication

city or town Wichita

NA

 vicinity

state Kansas code KS county Sedgwick code 173 zip code 67218

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this X nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

 national X statewide local

Signature of certifying official/Title _____ Date _____

State or Federal agency/bureau or Tribal Government _____

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting official _____ Date _____

Title _____ State or Federal agency/bureau or Tribal Government _____

4. National Park Service Certification

I hereby certify that this property is:

 entered in the National Register determined eligible for the National Register

 determined not eligible for the National Register removed from the National Register

 other (explain:) _____

Signature of the Keeper _____ Date of Action _____

Wichita Veterans Administration Hospital
Name of Property

Sedgwick Co., Kansas
County and State

5. Classification

Ownership of Property

(Check as many boxes as apply.)

☐	private
☐	public - Local
☐	public - State
☒	public - Federal

Category of Property

(Check only **one** box.)

☐	building(s)
☒	district
☐	site
☐	structure
☐	object

Number of Resources within Property

(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
15	7	buildings
0	0	sites
1	8	structures
1	2	objects
17	17	Total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing)

United States Second Generation Veterans Hospitals

Number of contributing resources previously listed in the National Register

NA

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

Current Functions

(Enter categories from instructions.)

HEALTH CARE / hospital

7. Description

Architectural Classification

(Enter categories from instructions.)

Late 19th and 20th Century Revivals:

Colonial Revival / Classical Revival

Materials

(Enter categories from instructions.)

foundation: Concrete

walls: Brick

roof: Terra Cotta

other: Terra Cotta

Wichita Veterans Administration Hospital
Name of Property

Sedgwick Co., Kansas
County and State

Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

The Wichita Veterans Administration (VA) Hospital, currently known as the Robert J. Dole Medical and Regional Office Center, Wichita, Kansas, is located at 5500 East Kellogg Drive, Wichita, Kansas. The hospital campus is north of East Kellogg Drive North, and the roughly rectangular tract is bounded to the west by a concrete drainage ditch along South Bleckley Drive, to the north by East Waterman Street, and to the east by South Edgemoor Street. The Wichita VA Hospital is located in Sedgwick County, approximately 5 miles east of downtown Wichita. The original and continuing mission of the facility is to provide medical care to veterans of the United States. The hospital began admitting patients in 1933 and provided general medical and surgical care to veterans. The surviving campus preserves the general characteristics of this property sub-type of Second Generation Veterans Hospitals. The historic district boundary includes the entire property boundary of approximately 39.2 acres and thirty-four resources. Seventeen resources are considered contributing, with the majority classified as buildings. Contributing resources include those that retain integrity and were constructed during the historic district's period of significance (1932–1950). Five of the seventeen noncontributing resources are smaller buildings, structures, or objects, including maintenance, service, and utility buildings, constructed or moved to the historic district after 1950 that do not visually impact the larger contributing resources, and the spatial relationships between the contributing resources remain intact. Five of the noncontributing resources are connecting corridors that have either been modified or were constructed after the period of significance. Several major additions to the historic district were constructed in the late twentieth century: the two-story surgery building (Resource 34, 1985), the one-story transitional living center (Resource 60, 1984), and the single level regional office building addition (Resource 61, 1992). The continuing needs of the VA at the Wichita facility led to the development of the majority of the parcel, with the only large open space limited to the rectangular lawn in front of the main building (Resource 1, 1932). The campus setting consists of level topography with mature vegetation and linear drives. Those buildings built during the period of significance display brick exteriors constructed in the Colonial Revival and Classical Revival architectural styles; later buildings, dating to the second half of the twentieth century, represent modern/utilitarian designs.

Narrative Description

The Wichita VA Hospital is located on level terrain within a campus setting on the east side of Wichita. The parcel of land now occupied by the hospital originally encompassed approximately 48 acres but was reduced to approximately 39.2 acres over the years, including 6 acres for the expansion of East Kellogg Avenue along the south edge of the historic district. The majority of all built resources are located in the northern two-thirds of the property. The historic district includes the entire parcel of land, and the majority of the historic resources are located in the central portion of the campus, except for the residential buildings to the southeast and utility buildings to the northeast. The numerical designations of the resources were assigned at the time of their construction by the VA. The "circa" dates of construction and letter designations for the resources were provided by the surveyors for resources without construction dates or numerical labels. The main hospital building (Resource 1, 1932) and administration building (Resource 3, 1932) occupy the southwestern portion of the core of the campus, and the main access road from East Kellogg Avenue leads directly to the administration building, with the main building immediately to the east. The circulation system of the campus is linear, with Omar Bradley Drive encircling the central core of the campus. The original dining hall (Resource 2, 1932) is directly north of the main building, and the recreation hall (Resource 4, 1932) is located to the east of the main building. Residential buildings are to the east and southeast of the central core, and the utility and maintenance facilities lay to the northeast of the main campus. A large lawn area is located in front (south) of the main building, and mature trees line many of the principal roadways.

See Continuation Sheet (7.1)

Wichita Veterans Administration Hospital
Name of Property

Sedgwick Co., Kansas
County and State

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- ☒ A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ B Property is associated with the lives of persons significant in our past.
- ☒ C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- ☐ A Owned by a religious institution or used for religious purposes.
- ☐ B removed from its original location.
- ☐ C a birthplace or grave.
- ☐ D a cemetery.
- ☐ E a reconstructed building, object, or structure.
- ☐ F a commemorative property.
- ☐ G less than 50 years old or achieving significance within the past 50 years.

Areas of Significance

(Enter categories from instructions.)

Politics/Government

Health/Medicine

Architecture

Period of Significance

1932–1950

Significant Dates

1932

Significant Person

(Complete only if Criterion B is marked above.)

NA

Cultural Affiliation

NA

Architect/Builder

Construction Service, Veterans Administration

Period of Significance (justification)

The period of significance begins with the construction of the facility in 1932 and extends through 1950, the termination date for the period of significance as stated in the United States Second Generation Veterans Hospital Multiple Property Documentation form. The contributing resources of the historic district all date to the period of significance. These buildings relate to the historic district's basic identity as a Period II general medical and surgical hospital sub-type within the Second Generation Veterans Hospital typology. Buildings constructed after 1950 no longer relate to the design philosophies developed by the Second Generation Veterans Hospitals.

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Criteria Considerations (explanation, if necessary)

NA

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance and applicable criteria.)

The Wichita VA Hospital Historic District is significant as an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital. The Wichita VA Hospital is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the state level in the areas of Politics/Government because of the importance placed on securing the federal facility and its impact on the local community and veterans throughout the state of Kansas. The Wichita VA Hospital Historic District is also eligible under Criterion A in the areas of Health/Medicine at the state level because of the physical evidence the hospital provides concerning health care offered to veterans of the state, primarily veterans of World War I and World War II. This historic district is also eligible under Criterion C in the area of Architecture at the state level because the Wichita VA Hospital Historic District is an intact example of a Period II Second Generation Veterans Hospital incorporating elements of classical revival architectural styles that were nationally popular in the early to mid-twentieth century. The use of porticos, corner quoins, balustrades, and the dominant lantern of the main building (Resource 1, 1932) reflects the influence of the Classical Revival and Colonial Revival styles that were fashionable in the early decades of the twentieth century and that continued in the years after World War II. The Wichita VA Hospital Historic District is additionally significant for its monumental buildings that serve as focal points of the hospital campus, a widespread practice for important public and institutional buildings. The historic district also exhibits standardized building designs that were incorporated into the campuses of Period II Second Generation Veterans Hospitals. Construction began on the Wichita VA Hospital in 1932, and various additions and new buildings were added through 1950. It was designated a general medical and surgical hospital serving veterans in Kansas and portions of surrounding states. The historic district continues to retain characteristics of this sub-type of Second Generation Veterans Hospital. The use of nationally popular architectural styles creates a cohesive design for the historic district and its groupings of buildings. The use of revivalist architecture, especially on the main and recreation buildings, reflects the importance of the VA and its mission to provide medical care to the nation's veterans. Revivalist architecture, such as the Colonial Revival and Classical Revival styles, was utilized for many federal buildings constructed in the first half of the twentieth century to exhibit patriotism through the use of stylistic elements associated with the early history of the United States and to reflect the permanence of the institutions contained within the buildings. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

The period of significance for the Wichita VA Hospital extends from 1932 to 1950. The period of significance begins with the construction of the medical facility and continues through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals. The Wichita VA Hospital Historic District is an excellent example of a Period II Second Generation Veterans Hospital that retains characteristics of the general medical and surgical sub-type of veterans hospital. See continuation sheet (8.25)

Developmental history/additional historic context information (if appropriate)

Historic Narrative See Continuation Sheet (8.32)

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9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

See Continuation Sheet (9.41)

Previous documentation on file (NPS):

☐ preliminary determination of individual listing (36 CFR 67 has been requested)
☐ previously listed in the National Register
☒ previously determined eligible by the National Register
☐ designated a National Historic Landmark
☒ recorded by Historic American Buildings Survey # KS-74-A
☐ recorded by Historic American Engineering Record # _____
☐ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

☒ State Historic Preservation Office
☐ Other State agency
☒ Federal agency
☐ Local government
☐ University
☐ Other
Name of repository: Dept of Veterans Affairs Historic Preservation Office

Historic Resources Survey Number (if assigned):

NA

10. Geographical Data

Acreage of Property Approx. 39.2 acres

(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>14</u> Zone	<u>651920</u> Easting	<u>4171816</u> Northing
2	<u>14</u> Zone	<u>652452</u> Easting	<u>4171826</u> Northing
3	<u>14</u> Zone	<u>652457</u> Easting	<u>4171821</u> Northing
4	<u>14</u> Zone	<u>652461</u> Easting	<u>4171703</u> Northing
5	<u>14</u> Zone	<u>652458</u> Easting	<u>4171679</u> Northing

6	<u>14</u> Zone	<u>652458</u> Easting	<u>4171491</u> Northing
7	<u>14</u> Zone	<u>652004</u> Easting	<u>4171479</u> Northing
8	<u>14</u> Zone	<u>651986</u> Easting	<u>4171670</u> Northing
9	<u>14</u> Zone	<u>651953</u> Easting	<u>4171743</u> Northing
10	<u>14</u> Zone	<u>651919</u> Easting	<u>4171778</u> Northing

Verbal Boundary Description (Describe the boundaries of the property.)

The boundary of the nominated property is delineated by the polygon in solid black lines on a portion of the Wichita East, Kansas, topographic map on page 43. The boundary is also indicated by a polygon on the enclosed USGS Wichita East, Kansas, topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above and on the enclosed USGS topographic quadrangle map. The historic district boundary follows the current property boundary of the Robert J. Dole Veterans Affairs Medical Center. The boundary begins at the northwest corner of a fence line on the south side of E. Waterman Street, approximately 110 feet northeast of the intersection of E. Waterman Street and S. Bleckley Drive at UTM N 4171816 E 651920, and extends approximately 1,750 feet east along the fence line south of E. Waterman Street to the northeast corner of the property at UTM N 4171826 E 652452 at the intersection of E. Waterman Street and S.

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Edgemoor Street; the boundary then extends to the southeast approximately 25 feet to UTM N 4171821 E 652457. The boundary then continues to the south along the fence line to the immediate west of S. Edgemoor Street for approximately 380 feet to UTM N 4171703 E 652461, then extends to the southwest approximately 70 feet to UTM N 4171679 E 652458, then extending south along the west right-of-way of S. Edgemoor Street for approximately 610 feet to the southeast corner of the property at the intersection of S. Edgemoor Street and E. Kellogg Drive N. at UTM N 4171491 E 652458. The boundary then extends to the west along the right-of-way to the immediate north of E. Kellogg Drive N. for approximately 1,470 feet to the southwest corner of the property to UTM N 4171479 E 652004; then it turns to the north-northwest and extends approximately 700 feet along the east edge of a concrete drainage ditch to UTM N 4171670 E 651986, then continues along the east-northeast edge of the concrete drainage ditch along the fence line to the northwest for approximately 270 feet to UTM N 4171743 E 651953, then continues to the northwest along the fence line approximately 125 feet to UTM N 4171778 E 651919, then extends to the north along the fence line approximately 90 feet to the beginning, encompassing approximately 39.2 acres.

The historic district boundary follows the property boundary as described as tax unit 6702 001 Wichita U-259 located at 5500 East Kellogg, Wichita, Kansas, on the Sedgwick County, Kansas, Tax Information, Property Detail website.¹

Boundary Justification (Explain why the boundaries were selected.)

The National Register of Historic Places (NRHP) boundary of the Wichita VA Hospital historic district is the current property boundary of the medical center. The NRHP boundary closely reflects the historic boundaries of the Wichita VA Hospital, although approximately 10 acres have been transferred from the medical center's ownership. The majority of changes to the property boundary are related to the widening of adjacent roadways. The historic district is slightly smaller than the original hospital property because of land transfers, but the NRHP boundary includes the majority of resources historically associated with the Wichita VA Hospital Historic District.

11. Form Prepared By

name/title Dean Doerrfeld/Architectural Historian; Patrick Thompson/Architectural Historian; Robert Whetsell/Historian; Trent Spurlock/Architectural Historian

organization Cultural Resource Analysts, Inc. date March 19, 2012

street & number 151 Walton Avenue telephone 859-252-4737

city or town Lexington state KY zip code 40508

e-mail _____

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Continuation Sheets 43-48 and 50-51**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

¹ Sedgwick County, Kansas, "5500 E Kellogg ST Wichita, Detailed Property Information," located on the World Wide Web on the Sedgwick County, Kansas, Tax Information, Property Detail website at: <https://ssc.sedgwickcounty.org/taxinfowebapp/PropertyDetail.aspx>, accessed March 2012.

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Photographs:

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

See Continuation Sheet 49

Name of Property:

City or Vicinity:

County:

State:

Photographer:

Date Photographed:

Description of Photograph(s) and number:

Property Owner:

(Complete this item at the request of the SHPO or FPO.)

name Veterans Health Administration of the United States Department of Veterans Affairs

street & number 810 Vermont Avenue, NW

telephone _____

city or town Washington

state D.C.

zip code 20420

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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The area surrounding the veterans hospital is primarily residential, exhibiting limited retail/commercial development. East Kellogg Avenue south of the campus was converted into a major thoroughfare in the mid-1990s, and approximately 6 acres of the hospital campus was acquired to widen the roadway. This highway project resulted in the demolition of one residential building (dating to 1932).

As a general medical and surgical hospital, the Wichita VA Hospital did not require large tracts of farmland that would have been used for vocational rehabilitation and training as was required at veterans neuropsychiatric hospitals. Even before the Wichita VA Hospital was built in 1932, the Veterans Bureau had established a presence in Kansas with a state office in Wichita. Once it learned the Veterans Bureau intended to construct a hospital in Kansas, the Wichita Chamber of Commerce formed a committee to promote the city as the site for a veterans hospital. Wichita was chosen by the VA from a field of 50 other Kansas cities vying for the hospital on March 19, 1931.² The VA approved a 48-acre site on Kellogg Drive on September 7, 1931, and the sale of the property was completed on December 11, 1931. Although a local newspaper article indicated the hospital buildings were being inspected in March 1933, the hospital did not accept patients until mid-November 1933, and it apparently officially opened to little fanfare. The reason for this delay was not mentioned in the newspaper accounts of the time, but the passage of the Economy Act probably delayed the opening of the facility. The Economy Act was enacted by President Franklin D. Roosevelt on March 20, 1933.³ The Economy Act was created to lower the federal government's annual expenditure to veterans, which was approximately a quarter of the federal government's annual budget. The effect of the Economy Act was to decrease the number of veterans eligible for domiciliary and medical benefits and to reduce the amount of pensions. Veterans groups lobbied against the cuts in benefits, and President Roosevelt reduced the restrictions slightly by creating presumptive review boards to determine if disabilities that came to light during a specified period after discharge were related to a veteran's military service. Congress attempted to repeal the drastic cuts in veterans benefits the next year, but President Roosevelt vetoed the legislation. Both the House and Senate voted to override the president's veto on March 28, 1934, and reinstated portions of veterans benefits that had been previously reduced.⁴

The buildings dating to the period of significance reflect classical revival styles utilized throughout Period II (late 1920s through 1950) for Second Generation Veterans Hospitals across the nation. The main building (Resource 1, 1932) and recreation building (Resource 4, 1932) display the highest level of ornamentation. Details of the main building (Resource 1, 1932) include a four-story central pavilion with a triangular terra cotta pediment exhibiting dentils, wreath, and double-swags. The building exhibits terra cotta quoins and belt course and stone cladding of the basement and ground floor of the central entrance pavilion. The three bays of the central entrance pavilion are delineated by four fluted engaged columns with Tuscan capitals. The columns rise from a balustrade along the top of the stone

² "Million Dollar Veterans Hospital Will Open May First," *Wichita Beacon*, March 12, 1933: 8.

³ "Patients Enter Vet Hospital," *Wichita Beacon*, November 16, 1933: 9.

⁴ Esther M. Corzine, *Establishment of Veterans Administration Hospitals and Domiciliaries* (Washington, D.C.: Research Division, Coordination Service, Veterans Administration, 1951): n.p.; Robinson E. Adkins, *Medical Care of Veterans* (Washington, DC: U.S. Government Printing Office, 1967): 153–154; Mitchel B. Wallerstein, "Terminating Entitlements: Veterans Disability Benefits in the Depression," *Policy Sciences* 7, no. 2 (June 1976): 175–180; Frank T. Hines, "New Veterans Relief Policy Explained by General Hines," *New York Times*, July 30, 1933.

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exterior of the first-floor central entrance pavilion and support a cornice surmounted by another balustrade below the triangular pediment. Many windows have terra cotta keystones and sills. A ridgeline lantern surmounts the roof of the central block of the H-shaped building. The recreation building (Resource 4, 1932) also displays similar detailing, but some elements are more austere in application, such as brick detailing replacing the terra cotta quoins at the corners of the building. Other features of the recreation building (Resource 4, 1932) include a terra cotta water table accenting the raised basement, a portico with classical detailing framing the entrance to the building on the east, and a portico in-antis on the south. The building also includes large, arched-head windows placed in the inset portions of the north and south walls. Other buildings of the historic district, including the administration building (Resource 3, 1932), dining hall (Resource 2, 1932), and the residential complex (Resources 5–7, 1932), reflect some elements of classical revival detailing, but to a lesser extent. They exhibit minimal ornamentation, aside from the symmetrical fenestration, brick exteriors, wood facade door surrounds with pilasters, triangular door pediments, fanlight transoms, cornices with modillions, and gable-roof dormers. The maintenance/utility buildings, such as the boiler house (Resource 13, 1932), display little, if any, ornamentation beyond cornice returns or a terra cotta belt course.

The campus has three major groups of resources that are loosely grouped by function: the central core group that includes buildings directly related to administration and patient care; residential buildings; and maintenance/utility buildings. The historic district is densely developed, with limited areas of open space present within the central core. The largest remaining open area is directly south of the main building (Resource 1, 1932) and consists of a lawn area with mature trees. During the initial phase of construction, fourteen buildings were completed.

The central core group of buildings included the main building (Resource 1, 1932), the dining hall (Resource 2, 1932), administration building and flag pole (Resources 3 and 9, 1932), and the recreation building (Resource 4, 1932). Buildings constructed in the central core after the initial construction phase of 1932 but within the period of significance include the general medical building (Resource 19, 1938) north of Resource 1 and the regional office building (Resource 26, 1948) north of Resource 3. The surgery building (Resource 34, 1985) northwest of the recreation building (Resource 4, 1932), the transitional living center (Resource 60, 1984) to the east of Resource 4, and the regional office addition (Resource 61, 1992) attached to the north side of Resource 26 (regional office building, 1948) were constructed after the period of significance for the historic district. Exterior enclosed corridors originally connected Resource 1 to 2 and Resource 1 to 3. These corridors were similar to the one connecting the main building (Resource 1, 1932) and the recreation building (Resource 4, 1932), but they have been modified. Exterior enclosed corridors connecting the general medical building (Resource 19, 1938) to the dining hall (Resource 2, 1932) and main building (Resource 1, 1932) were constructed in 1938. The main building (Resource 1, 1932), with its Classical Revival detailing, is very similar in design to main buildings at other Second Generation Veterans Hospitals constructed during the same period, such as the main building at Fayetteville, Arkansas (although it was not designed with a lantern). The Indianapolis, Indiana, main building is similar but contains additional ornamentation, and the Huntington, West Virginia, main building is closely related in design except for the central facade entries. The use of standard designs for secondary general medical buildings at Period II veterans general medical and surgical hospitals is evident on the Wichita campus, as the general medical building (Resource 19, 1938) is very close in overall design to similar buildings at Lincoln, Nebraska, and Lexington, Kentucky.

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Similar to most other Second Generation Veterans Hospitals, the monumental main building (Resource 1, 1932) serves as the focal point of the Wichita facility. The flag pole (Resource 9, 1932), unlike those at the majority of Second Generation Veterans Hospitals, is not situated to the front of the main building. Instead, the flag pole was originally constructed in the center of an oval-shaped lawn encompassed by a drive located west of the administration building (Resource 2, 1932). A local newspaper article included an unofficial site plan that did not include the flag pole itself but did include the oval-shaped area west of the administration building (Resource 2, 1932). On this map, the maintenance/utility and residential groups of buildings were not in their current "as-built" configuration, suggesting the designers of the Wichita facility changed their plans before their final site plans were approved by the VA. It is unknown why this particular deviation from the general site plans of other facilities was made. The flag pole's unusual location west of the administration building (Resource 2, 1932) is confirmed by the original site plan.⁵

In the residential group of buildings were the nurses' quarters (Resource 5, 1932), the manager's quarters (Resource 6, 1932), and two duplex quarters (Resource 7 and another duplex quarters that is no longer extant, both 1932). The residential quarters group is located southeast of the central core group. In most Period II Second Generation Veterans Hospitals, the quarters were usually constructed so that they would be close to the central core group to facilitate easy employee access, but far enough away to provide employees with separation from the workplace. Buildings constructed after 1932 in the residential group include the manager's garage (Resource 21, 1946) associated with the manager's quarters (Resource 6, 1932), and a former multi-car garage currently used as storage (Resource 30, 1950) behind the duplex quarters (Resource 7, 1932).

In the maintenance/utility group of buildings were the garage (Resource 10, 1932), the transformer and animal house (Resource 11, 1932), the storehouse (Resource 12, 1932), the boiler house (Resource 13, 1932) and smokestack (1932, although this structure is no longer extant), the laundry (Resource 16, 1932), and the gas meter house (Resource 17, 1932).⁶ The utility/maintenance group is concentrated northeast of the central core group of buildings. As with many other Second Generation Veterans Hospitals, the majority of the buildings in this group at Wichita were constructed around a common drive. The garage, animal/transformer house, and laundry (Resources 10, 11, and 16, all 1932) are oriented north, whereas the storehouse, boiler house, and engineering shops (Resources 12, 1932; 13, 1932; and 20, 1939) are oriented south. Additional buildings were built within this group after the period of significance, such as the electrical switch station (Resource 35, 1978), located northwest of the engineering shops (Resource 20, 1939).

Additions to the original buildings were constructed within the campus setting during the period of significance. The general medical building (Resource 19) was constructed in 1939.⁷ An addition was constructed on the west elevation of the boiler house (Resource 13, 1932). Additions constructed after the period of significance include a contemporary ambulance and emergency entrance on the facade elevation of the main building (Resource 1, 1932). New buildings have also been constructed within the campus after the period of significance. The addition to the regional office (Resource 61) was constructed on the north elevation of the regional office building (Resource 26, 1948) in 1992. The connecting corridor (Resource C) between the main building and the administration building

⁵ United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

⁶ "Million Dollar Veterans Hospital Will Open May First," *Wichita Beacon*, March 12, 1933: 8.

⁷ "Award Contract for Hospital Job," *Wichita Eagle*, August 10, 1938: 1.

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(Resources 1 and 3) has been significantly enlarged. The large surgery building (Resource 34, 1985) was constructed on the north side of the connecting corridor (Resource D) between the main building (Resource 1, 1932) and the recreation building (Resource 4, 1932) in 1985, and the transitional living center (Resource 60) was constructed northeast of the recreation building (Resource 4, 1932) in 1984.⁸

Other buildings or objects have been renovated or removed. The former smokestack (1932) associated with the boiler house (Resource 13, 1932) was removed. In 1971, large-scale renovations of the administration building (Resource 3, 1932) were undertaken.⁹ These renovations included construction of an ambulance entrance with a canopy along the facade elevation of the building. This required raising the grade in front of the building to accommodate a curbside entrance, as well as adding a canopy to shelter vehicles. The multi-bay garage located to the rear of the nurses' quarters (Resource 5, 1932) is no longer extant, and the 1947 summerhouse, originally located to the east of the recreation building, has been removed from the historic district. Additional parking lots have been constructed north of the general medical, dining hall, and surgery buildings (Resources 19, 1938; 2, 1932; and 34, 1985) and in front of the nurses' quarters and the duplex quarters (Resources 6 and 7, both 1932). Other parking lots were expanded, particularly south and west of the administration and regional office buildings (Resources 3, 1932; 26, 1948; and 61, 1992). New entrances were created along the rear of the property from Waterman Street to access these new parking lots.

One of the most notable changes to the Wichita VA Hospital came in the mid-1990s, with the expansion of Kellogg Drive into an expressway. After previous attempts by the City of Wichita to secure the necessary land from the Wichita VA Hospital had failed and the project appeared to stall, U.S. Senator Robert J. Dole inserted language into a budget bill that required the VA to convey 6 acres along its original southern boundary to the Federal Highway Administration. The department would then allow the city to build the expressway. This strip of land included one of the original duplex quarters (1932) that had to be removed.¹⁰ The Kellogg Drive project led not only to the loss of a duplex quarters, but also to the loss of the Wichita VA Hospital's original entrance gate posts and entrance drive from Kellogg Drive. Access from Kellogg Drive now extends from a local access road along the westbound lanes of the expressway, and the original main entrance road was completely moved and reoriented from the west elevation to the current configuration whereby the main entrance drive extends to the enlarged connector between Resources 1 and 3 (both 1932), the main and administration buildings. A new entrance from Edgemoor Street on the hospital's eastern boundary was probably created at this time to provide better access to the hospital.

Individual Resource Inventory

The dates of construction and details regarding former use of the following buildings are from the Determination of Eligibility dated 1980 and from information provided by the engineering department of the Robert J. Dole Medical and Regional Office Center, Wichita, Kansas.¹¹ Information on the current

⁸ United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

⁹ "Ambulance Entrance Start of VA Remodeling," *Wichita Eagle-Beacon*, June 27, 1971: 1G.

¹⁰ "East Kellogg's Time Has Come," *Wichita Eagle*, May 14, 1996: 1A.

¹¹ Gjore J. Mollenhoff and Karen R. Tupek, *Veterans Administration Medical Center – Wichita, Kansas Determination of Eligibility*, Veterans Administration, Washington, DC, 1980, n.p., located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

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uses of the resources was provided by the engineering department of the Robert J. Dole Medical and Regional Office Center, Wichita, Kansas.¹² The numerical designations of the resources were assigned at the time of their construction by the VA. The "circa" dates of construction and letter designations were provided by the surveyors for resources without construction dates or numerical labels. All resources that were present during the period of significance and that retain integrity are considered contributing resources. Minor resources that are not substantial in size and scale were not included in the resource count. Resources that were not designated in the resource count include small electric transformers, small frame picnic shelters and gazebos, underground storage facilities or utilities, an oxygen tank, prefabricated bus and smoking shelters, memorials, benches scattered throughout the property, and a sweat lodge. The sweat lodge is a small, ephemeral structure.

The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

Resource Number	Date of Construction	Contributing (C)/ Noncontributing (NC)	Historic or Current Use
1	1932	C	Main Building
2	1932	C	Dining Hall
3, 26, and 61	1932, 1948, and 1992	C	Administration Building, Regional Office Building, and Regional Office Building Addition
4	1932	C	Recreation Building
5	1932	C	Nurses' Quarters
6	1932	C	Manager's Quarters
7	1932	C	Duplex Quarters
9	1932	C	Flag pole
10	1932	C	Garage
11	1932	C	Transformer and Animal House
12	1932	C	Storehouse
13	1932	C	Boiler House
16	1932	C	Laundry
17	1932	C	Gas Meter House
19	1938	C	General Medical Building
20	1939	C	Engineering Shops
21	1946	NC	Manager's Garage

¹² United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

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Resource Number	Date of Construction	Contributing (C)/ Noncontributing (NC)	Historic or Current Use
30	1950	NC	Five-bay Garage
31	1978	NC	Emergency Generators
33	1932	NC	Steam Tunnel Access
34	1985	NC	Surgery Building
35	1978	NC	Storage Shed
35A	2009	NC	Electrical Switchgear Station
60	1984	NC	Transitional Living Center
A	Circa 2000	NC	Utility/Emergency Generator
B	Circa 1993	NC	Smoking Shelter
C	Circa 1950s– 1960s	NC	Connecting Corridor
D	1932	NC	Connecting Corridor
E	Circa 1970	NC	Gate Posts
F	1937/1997	NC	Bleckley Memorial
G	1932	NC	Connecting Corridor
H	1938	NC	Connecting Corridor
I	1984	NC	Connecting Corridor
J	1938	C	Connecting Corridor

Resource 1. Main Building. 1932. Contributing Building.

Resource 1 was constructed in 1932 as the main patient care building, and it retains that use today. Oriented to the south, the main building is located in the central core group of buildings between the administration and recreation buildings (Resources 3 and 4, both 1932). The twenty-six-bay, four-story, "H"-shaped building exhibits a five-course, common-bond brick exterior and was constructed with Colonial Revival and Classical Revival architectural elements. The rectangular main block of the building is composed of a central four-story, multi-bay, hip-roof central section on a raised basement with three-story, gable-roof sections extending to the east and west of the central block. Three-story, gable-roof return wings extend from the facade and rear of the main block, creating the building's distinctive "H" shape. The gable roof is sheathed in clay tile shingles. Many of the Colonial Revival and Classical Revival decorative elements exhibited by the building are composed of terra cotta, such as quoins, window sills, lintels, and keystones; a wide cornice above the third-story windows; a belt course between the first and second floors; and columns and decorative panels.

The central section's three-bay (w/d/w) projecting entrance pavilion is delineated by four fluted columns with Tuscan capitals. The first floor is clad in cut stone blocks. The pavilion's pediment is decorated with a stone cornice and an oculus with a stone or terra cotta surround with volutes and swag details. The central double-leaf entry is filled with replacement metal-and-glass doors and a transom. The facade central entry exhibits a stone surround with flat pilasters and an arched, broken pediment with dentils and a pineapple finial, and it is flanked by windows filled with six-over-six-light, double-hung replacement sashes. Similar windows are found throughout the building. The entry is sheltered within a small metal frame and glass, flat-roof vestibule with single-leaf entries on the east

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and west elevations filled with aluminum frame commercial glass doors. The entry is accessed from a projecting porch and a straight set of granite stairs with stone plinths and iron railings. The four fluted Tuscan columns support a wide terra cotta cornice surmounted by a balustrade. The cornice extends across the four-story central section of the building. Two false chimneys or vents connected by a parapet project from the east and west gable ends of the roof. A single-story, square drum with a balustrade and octagonal cupola with three sections pierces the center of the ridgeline of the roof. The bottom section of the cupola is an octagonal, wood-paneled base with a cornice. The middle section includes four multiple-light arched windows flanked on each side by rounded pilasters with Tuscan capitals. The final section includes the octagonal domed roof, eight urns, and a pineapple finial.

The multiple-bay, three-story, gable-roof sections of the main block have two gable-roof dormers with pilasters flanking the four-story central block of the building. The dormers have segmental arched windows filled with six-light, double-hung replacement sashes. The three-bay facade and rear return wings each have gables with cornice returns and oculus windows. The oculus windows on the rear return wings have been filled with louvered vents. The central first-floor bay of the eastern facade return wing has been resized and is currently occupied by a single-leaf entry filled with a metal door. It is accessed by a set of metal stairs and a metal landing. A stepped, single-story ambulance entrance addition has been constructed on the southeast corner of the building. A double-leaf entry is filled with automatic sliding glass doors and sidelights. The entry is sheltered by a flat canopy supported by square steel columns. The addition has a running-bond brick exterior and stone cladding to approximate the basement level of the original building. The addition has a flat roof in two sections. The east and west elevations each have three-bay, slightly projecting extensions with terra cotta quoins. Former porches on the second and third stories of the southeast and southwest corners are evident from the tall, arched bays separated by terra cotta panels between the second and third stories. The bays have been filled with stacked-bond brick walls and a ribbon of three windows. The east and west extensions have flat roofs encircled by a balustrade.

The rear center wing is five stories in height, including the portion extending beyond the roof slope, and steps down to four stories, then to three stories before extending to the north along a single story on a raised basement. The connecting corridor (Resources D, 1932; and I, 1984) to the recreation and surgery buildings and the transitional living center (Resources 4, 1932; 34, 1985; and 60, 1984) enters the central rear wing at a right angle directly at the northeast corner. The connecting corridor (Resource G, 1932) to the dining hall (Resource 2, 1932) enters the central rear wing along its north elevation. The connecting corridor (Resource C, circa 1950–1960s) to the administration building (Resource 3, 1932) formerly entered the building in the central bays of the basement and first floors of the slight projection on the west elevation. This corridor was enlarged and contains a narrow second-floor corridor.

Resource 2. Dining Hall. 1932. Contributing Building.

Resource 2 was constructed in 1932 as the dining hall and kitchen, and it retains that use today. It is oriented to the south and is located within the central core group of buildings north of the main building (Resource 1, 1932). The eight-bay, two-story, "T"-shaped building exhibits a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural elements. A single story, the connecting corridor (Resource G, 1932) from the main building (Resource 1, 1932) enters the building in the central bay of a single-story projection on the south elevation. The original brick

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connecting corridor is flanked by two windows filled with eight-over-eight-light, double-hung replacement sashes on the facade elevation of the original first-floor projection. Similar windows are found throughout Resource 2. The first-floor windows of the gabled section on the west, south, and east elevations have brick jack arches with stone keystones, while the rest of the windows simply have brick jack arches. The two-story connecting corridor (Resource H, 1938) between the dining hall and the general medical building (Resources 2, 1932; and 19, 1938) enters the building in the central bays of its west gable end. The east and west gable ends exhibit arched gable vents, cornice returns, and false chimneys or vents that project from the roof. A two-story center wing with a hip roof is located along the rear of the building. A single-story, flat-roof section with stone coping is found to the rear of the hip-roof rear central wing. The north elevation of this flat-roof rear wing has a centered single-leaf entry filled with a large, single-light metal door surmounted by a pair of windows filled with multiple-light, double-hung sashes. The entry is flanked on each side by two pairs of windows. The east elevation of this rear wing features a basement-level loading dock area that utilizes two double-leaf and two single-leaf entries, and it is sheltered by a shed roof sheathed in corrugated metal.

The building exhibits several elements of Colonial Revival architectural details, such as the general symmetry of the building, brick jack arches, and stone details like the keystones, belt course, and water table. The building is supported by a concrete basement foundation. The building has gable and hip roof sections sheathed in slate shingles. The facade elevation has three gable-roof dormers, and the rear hip-roof projection is flanked by similar dormers. Two of the dormers are filled with louvered vents, and the others are filled with four-over-four-light, double-hung replacement sashes.

Resource 3, 26, and 61. Administration Building, Regional Office Building, and Regional Office Building Addition. 1932, 1948, and 1992. Contributing Building.

Resource 3 was constructed in 1932 as the administration building. It is presently used as an administration and patient care facility. It is oriented to the south and located west of the main building (Resource 1, 1932) within the central core group of buildings. The thirteen-bay, two-story, rectangular building exhibits a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural details, such as the symmetrical facade, brick quoins, a cornice with dentil details, and cornice returns. The building exhibits a three-bay (w/d/w), gable-roof, central projecting entrance pavilion with cornice returns. The central double-leaf entry is filled with automatic sliding glass doors, sidelights and a transom. The entry is flanked by windows filled with eight-over-eight, double-hung replacement sashes. Similar replacement sashes are found throughout the building. The second-floor central tripartite window is surmounted by a decorative arched panel. The windows of the central entrance pavilion and the first floor of the facade elevation exhibit brick jack arches with stone keystones. The grade has been raised along the facade of the building to accommodate an ambulance entrance that was constructed circa 1971. The addition of the ambulance entrance includes a single-story, flat-roof canopy projecting from the facade's central projecting pavilion. The canopy shelters the vehicular drive that extends to the front entrance and is supported by four brick piers, with the outer piers exhibiting brick quoins. The left side (west elevation) of the administration building (Resource 3) exhibits three bays filled with windows. On the right side (east elevation) of the building, a connecting corridor (Resource C, circa 1950–1960s) to the main building (Resource 1, 1932) that has been enlarged covers the basement and first floor levels of the administration building (Resource 3, 1932). A second-floor connecting corridor joins the central bay of the second floor of both the main and the administration buildings (Resources 1 and 3). The north elevation of the administration building

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(Resource 3, 1932) has a central rear projection onto which the regional office building (Resource 26, 1948) has been constructed. Resource 3 is supported by a concrete basement foundation and has a hip roof. Four gabled dormers with lunette transoms, pilasters, and cornice returns are located along the facade and rear roof slopes. The dormers are filled with multi-light, double-hung replacement sashes.

Resource 26 was constructed in 1948 as the VA's regional office building. It was originally oriented to the south and was constructed as an addition on the north elevation of the central rear wing of the administration building (Resource 3, 1932). The multiple-bay, two-story-on-a-raised-basement, "U"-shaped building has a five-course, common-bond brick exterior. Stone coping encompasses the building along the top of the parapet walls. Bands of stone form the lintels and sills of the windows, which are filled with horizontal two-over-two-light replacement sashes. Similar windows are located throughout the building. The area between the stone bands and the windows exhibits banded brick. Several windows have been filled with banded brick. A square-shaped, former ambulance entrance addition was constructed on the west elevation of the building. This ambulance entrance addition appears to have been constructed between 1980 and 1996, possibly at the same time as the regional office building addition (Resource 61, 1992). It has a five-course, common-bond brick exterior, and a stone belt course encompasses the addition. The entrance is elevated to enter the building's first floor, with vehicular concrete ramps providing access for ambulances to each garage bay on the north and south elevations. These bays are filled with overhead metal doors. The concrete ramps are an integral part of the addition, providing access to the first floor of the regional office building. A passageway to the entrance on the west elevation of the regional office building (Resource 26, 1948) is located under the ambulance addition. This single-leaf entry is filled with an automatic sliding door and sidelights. The entry has a stone or concrete surround and is sheltered by a cantilevered concrete roof. Adjacent to the door is a set of wood stairs that leads to an outdoor smoking area that is located immediately to the rear of the administration building (Resource 3, 1932). The building and the ambulance addition have flat roofs. The main block of the building has a concrete basement foundation, while the ambulance entrance has a raised concrete foundation.

Resource 61 was constructed in 1992 as an addition to the north elevation of the regional office building (Resource 26, 1948). The regional office building addition (Resource 61, 1992) oriented to the north, is a ten-bay (w/w/w/w/w/w/d/w/w/w), single-story-on-a-raised-basement, flat-roof, rectangular building. It exhibits a five-course, common-bond brick exterior. The off-center, recessed, double-leaf north entry is filled with automatic sliding glass doors and a transom. The entry is flanked by single-leaf entries filled with commercial glass doors. Stone coping encompasses the building along the top of the parapet walls. Bands of stone form the lintels and sills of the windows, which are filled with horizontal two-over-two-light double-hung sashes. Similar windows are located throughout the first floor of the building; however, the basement windows are filled with two-light sashes. The area between the stone bands and the windows exhibits banded brick. A small projection on the east elevation at the basement level exhibits a double-leaf entry filled with metal doors. The building is supported by a basement foundation.

Even with the modifications and additions to the rear of the administration building (Resource 3, 1932) and regional office building (Resource 26, 1948), and the addition with its ramps to the west of the regional office building (Resource 26), this resource, comprised of Resources 3, 26, and 61, retains sufficient integrity to contribute to the Wichita VA Hospital historic district. Modifications to the administration building (Resource 3, 1932) include the raising of the grade to the front of the building

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circa 1971 to accommodate an ambulance entrance and its associated canopy; replacement windows; and enlarging of the connecting corridor (Resource C, circa 1950–1960s) that obscures the east elevation's first floor. The regional office building (Resource 26) was constructed in 1948 as a rear addition to the administration building (Resource 3). Constructed during the period of significance, the regional office building (Resource 26) is a contributing element to the historic district as an addition to the administration building. The regional office building (Resource 26) may reflect the addition of a Third Generation Veterans Hospital building to the campus since its construction after World War II and the modern design with a flat-roof and minimal brick ornamentation do not reflect the buildings exhibiting the Classical Revival and Colonial Revival styles associated with the Second Generation Veterans Hospitals. The regional office building (Resource 26) is connected to the administration building (Resource 3) at its rear gable-roof projecting pavilion, and although its overall massing is larger than that of the administration building (Resource 3), the height and width of the regional office building (Resource 26, 1948) are comparable to the administration building (Resource 3). Modifications to the regional office building (Resource 26, 1948) include replacement windows and the addition of the ambulance entrance and its associated ramps along the west elevation of the building that appear to have been constructed between 1980 and 1996. The regional office building addition (Resource 61, 1992) is located along the north elevation of the regional office building (Resource 26, 1948). The addition (Resource 61) is lower in height than the regional office building (Resource 26) but is similar in massing, exterior materials, fenestration along the side elevations, and through its minimal ornamentation to the 1948 regional office building. Although the later addition to the regional office building (Resource 61) is much larger in massing than the original administration building (Resource 3, 1932), this rear addition does not disrupt the historic view of the administration building (Resource 3) from Kellogg Avenue or from the front of the historic district. Integrity of the administration building has been diminished by the replacement windows, by raising the grade to the front of the building to accommodate the altered entrance and canopy, the addition of the ambulance entrance with concrete ramps along the west side of the building, and through the rear addition (Resource 61). The resource comprised of the administration building, regional office building, and regional office building addition (Resources 3, 26, and 61) continues to retain sufficient integrity to contribute to the Wichita VA Hospital historic district.

Resource 4. Recreation Building. 1932. *Contributing Building.*

Resource 4 was constructed in 1932 as the recreation building, and it continues to serve its original function. This resource, oriented to the west, is located east of the main building (Resource 1, 1932) within the central core group of buildings. The two-story, rectangular building has a six-course, common-bond brick exterior and exhibits Colonial Revival and Classical Revival architectural characteristics, such as the symmetrical facade, brick quoins, a cornice with dentils, the banded brick exterior of the raised basement level, and terra cotta or stone details like the water table, keystones, and arches. The building has a five-bay (w/d/d/d/w) central projecting entrance pavilion with a hip roof. Three double-leaf entries are filled with four-panel wood doors with fanlights. The entries are flanked by windows filled with six-over-six-light, double-hung replacement sashes. Similar windows are found throughout the building. The three entries are accessed by a porch with a pair of curving brick stairs with concrete treads and metal railings at either end. The porch is sheltered by a gabled portico with a pediment. The pediment is decorated with an oculus filled with a multiple-light replacement sash and a cornice with dentils. The porch is supported by four columns with Tuscan capitals.

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The north and south elevations exhibit five-bay central sections with flat roofs surmounted by balustrades and three-bay gable-roof projections at both ends. On the right (north) elevation, the central five bays are flush with the wall plane of the building. The connecting corridor (Resource D, 1932) from the main building (Resource 1, 1932) enters Resource 4 in the central bay along the north elevation. The central bay is flanked by two large arched windows filled with multiple-light, fixed replacement sashes with sidelights. On the left side (south elevation) facing Kellogg Avenue, the five central bays are recessed from the flanking three-bay, gable-roof projections, forming a loggia. The upper portion of the double loggia is supported by six columns with Tuscan capitals that have curved metal railings between each column. The three central bays are filled with large arched windows similar to those on the opposite side of the building. The two outer bays of the loggia have single-leaf entries filled with paneled wood doors, sidelights, and pediments. Arched windows above the entries fill the upper portions of the two bays. The upper loggia is accessed from the exterior by a set of metal stairs located within the lower loggia. The lower loggia is created by five arched bays, each exhibiting banded brick and a keystone. The three-bay gable-roof end sections exhibit a cornice with dentils, cornice returns, and a lunette window in each gable.

The west (rear) elevation of the building is dominated by a single-bay projection for the backstage area of the auditorium. The double-leaf entry is slightly recessed within an arch and is filled with paneled wood doors. The entry has an elaborate terra cotta door surround featuring recessed panels flanked by fluted pilasters with Tuscan capitals, and above the entry is an arch with a fan or clamshell design. The entry opens onto a projecting brick porch accessed by a set of metal return stairs. A terra cotta belt course extends along the west elevation of this projection near the parapet. Above the belt course is a stylized human face on a shield with a swag design. Two former windows on the first floor of the gable-roof section on the northwest corner have been filled in. The recreation building is supported by a concrete raised basement foundation and the hip roof is sheathed in clay tiles.

Resource 5. Nurses' Quarters. 1932. Contributing Building.

Resource 5 was constructed in 1932 as the nurses' quarters, and it currently houses offices and clinical programs. The nurses' quarters, oriented to the west, is located within the residential group of buildings south of the manager's quarters (Resource 6, 1932). The eleven-bay (w/w/w/w/w/d/w/w/w/w/w), two-story, rectangular building exhibits a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural elements, exhibiting details such as the symmetrical facade; the gable-roof, projecting entrance pavilion; brick quoins; a stone water table; and a cornice with dentils. The building has a three-bay central projecting entrance pavilion with a gable-roof pediment, cornice returns, and a circular louvered vent in the gable. The central single-leaf entry is filled with a single-light metal replacement door with sidelights and an original fanlight. The entry is sheltered by a small porch with a flat roof and metal supports and is flanked by windows filled with six-over-six, double-hung replacement sashes. Similar replacement sashes are found throughout the main block of the building. The windows of the central entrance pavilion exhibit brick jack arches with terra cotta keystones, but other windows throughout the remainder of the building have brick jack arches.

The south and north (side) elevations have first-floor porches. Both porches have been enclosed with running-bond brick exterior walls between the existing columns and windows with single-light, fixed sashes behind the columns. The side (north and south) elevations exhibit central, single-leaf entries on the first and second floors, both of which are filled with metal doors. The second-floor entries were

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formerly windows but have been resized to provide egress.¹³ The original Tuscan columns appear to have been retained, but the original wood balustrades along the roofs have been replaced with contemporary metal railings.

Metal stairs for egress descend along the rear elevation of the main block from the roofs of the enclosed side porches. A set of concrete stairs in the northeast corner of the building descend to two single-leaf entries into the basement. The entries are filled with metal doors. The building is supported by a concrete basement foundation and the hip roof is sheathed in clay tiles. Four gable-roof dormers with cornice returns and pilasters are located along the facade roof slope. Three similar dormers are found on the rear (east) roof slope, and a single dormer is located on both of the side (north and south) elevations. All of the dormers on the main block of the building are currently filled with louvered vents.

A single-story central rear connecting wing extends to the east from the center of the main block's rear elevation joining a rectangular, single-story, hip roof section that is perpendicular to the rear connecting wing. The central rear wing exhibits four bays on its north and south elevations featuring a single-leaf entry filled with a metal door and replacement fanlight on the south elevation. The arched windows are filled with multi-light, double-hung replacement sashes. A single-leaf entry on the rear of the main block and adjacent to the north elevation of the central rear wing is sheltered by a covered walkway. The walkway has a flat roof with metal supports. The flat roof of the rear wing exhibits an alternating brick pier and balustrade railing. The rectangular hip-roof section has a single-leaf entry on its north elevation that is filled with a metal door and three-light transom and a window that is filled with multi-light, double-hung replacement sashes and a three-light transom. Similar windows are found on the south elevation. The hip roof is sheathed in clay tiles and has gable-roof dormers on its north, south, and rear (east) elevations. The dormers appear to be filled with windows with single-light, double-hung sashes.

A single-story, "L"-shaped addition has been constructed onto the rear elevation of the rectangular hip-roof section and extends to the south, beyond the original hip-roof section of the building. This addition has a five-course, common-bond brick exterior and a cornice that encompasses the addition below the coping of the flat roof. Single-leaf entries on the west and south elevations are filled with metal-and-glass doors and sidelights. Four large windows on the interior angle of the "L"-shape are each filled with six-light, fixed sashes. The other windows are filled with single-light, double-hung sashes. All bays in this addition exhibit flat, soldier-course brick arches.

Resource 6. Manager's Quarters. 1932. Contributing Building.

Building 6 was constructed in 1932 as the manager's quarters, and it is currently used for offices. It is oriented to the west and is located within the residential group of buildings, north of the nurses' quarters (Resource 5, 1932). The three-bay (w/d/w), two-story, side-gable building has a five-course, common-bond brick exterior and exhibits Colonial Revival architectural elements. The central single-leaf entry is filled with a six-panel wood door with a three-light transom. The entry features a wood door surround with fluted pilasters, entablature, and a broken pediment with a pineapple finial (currently missing). The entry is flanked by windows with brick jack arches filled with six-over-six, double-hung

¹³ United States Department of Veterans Affairs, files of the Public Affairs Office of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

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replacement sashes. Similar windows and replacement sashes are found throughout the rest of the building.

An enclosed porch is found on the south elevation. The original round columns that supported the flat roof have been removed, as has the wood balustrade along the roof. The east and west elevations of the porch exhibit two floor-to-ceiling windows filled with single-light, fixed sashes. A single-leaf entry on the south elevation of the porch is accessed by a concrete ramp and filled with a single-light metal door. The roof exhibits a contemporary metal railing. The second floor and the gable each exhibit two window bays. A gable-roof projection is located along the north portion of the three-bay (w/d/w) rear elevation. The single-leaf rear entry is filled by a single-light metal door and is sheltered by a porch with a flat roof utilizing iron supports. A concrete set of stairs descends to a single-leaf basement entry that is filled by a metal door with a three-light transom. The north, first-floor, rear bay is filled by a pair of windows with six-over-six-light, double-hung sashes.

The three-bay north elevation of the manager's quarters has a small, single-story projection with a single window on its east, north, and west elevations. The flat roof of the projection features a contemporary metal railing like that of the porch on the south elevation. One of the small windows originally filled with four-over-four-light, double-hung sashes in the north gable has been removed and filled with a small door to provide egress from the attic space. A metal ladder has been installed along the exterior wall to the roof of the projection.

The building has Colonial Revival details, such as the symmetrical facade, a water table, and a gabled roof with a modillion cornice and cornice returns. The residence is supported by a concrete basement foundation, and the gable roof is sheathed in clay tiles. Two gable dormers are centered above the facade entry. An interior chimney projects from the center of the ridgeline of the roof on the south elevation.

Resource 7. Duplex Quarters. 1932. Contributing Building.

Resource 7 was constructed in 1932 as duplex quarters for hospital staff, and it currently is utilized for offices. The duplex quarters, oriented to the west, is located south of the nurses' quarters (Resource 5, 1932) within the residential group of buildings. The six-bay (w/d/w/w/d/w), two-story, rectangular building exhibits a five-course, common-bond brick exterior and has Colonial Revival architectural characteristics. The single-leaf entries for each unit are filled with single-light metal replacement doors and an original fanlight. The entries have wood door surrounds that exhibit pilasters with Tuscan capitals supporting an open pediment that features triglyphs, guttae, and dentils. The entries are flanked by windows with six-over-six-light, double-hung replacement sashes. Similar windows are found throughout the building. Resource 7 has a modillion cornice, and a stone water table encompasses the building above the basement windows.

The south and north (side) elevations each exhibit single-story enclosed porches. The original Tuscan columns supporting the flat roofs have been replaced by square columns, walls, and windows. The south porch exhibits a single-leaf entry centered in its facade elevation and filled with a glass entry door. It is flanked by two windows filled with single-light, floor-to-ceiling fixed sashes. The door is accessed by a concrete ramp. The east elevation of the south porch and the north and south elevations of the north porch have a central wall section flanked by two windows filled with single-light, floor-to-

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ceiling fixed sashes. The second floor and gables of both side elevations have two bays each. Contemporary metal railings have been installed, replacing the original wood railings around the porch roofs. On the eight-bay (w/d/w/w/w/d/w) rear elevation, the entries are recessed from a shallow, single-story rear projection and are filled with single-light, replacement metal doors. These projections have shallow hip roofs sheathed in metal. Two chimneys project from the ridgeline of the roof at both gable ends. Two gable-roof dormers are centered above each facade entry. The building is supported by a concrete basement foundation, and the roof is sheathed in clay tiles.

Resource 9. Flag pole. 1932. *Contributing Object.*

The flag pole, constructed in 1932, is located in the central core group of buildings west of the administration building (Resource 3, 1932) and north of the Bleckley Memorial (Resource F, 1937/1997). The flag pole is surmounted by a brass ball finial and is supported by an octagonal concrete base. A concrete sidewalk borders the area around the base, forming a square. Two small bronze plaques are located in the southeast and northeast corners of this area. One indicates the location of a time capsule to be opened on the 100th anniversary of the hospital in 2033, and the other indicates that the flag pole base was strengthened and rededicated in May 2008.

Resource 10. Garage. 1932. *Contributing Building.*

Resource 10, constructed in 1932, continues to function as a garage for the facility. Oriented to the north, the garage is located in the maintenance/utility group of buildings west of the animal and transformer house (Resource 11, 1932). The single-story, side-gable, five-bay, rectangular building exhibits a five-course, common-bond brick exterior. The five garage bays are filled with three-light, replacement metal overhead doors. The east elevation has a single-leaf entry filled with a four-light metal door and a transom and two windows filled with six-over-six-light awning-style steel sashes. Similar windows are found throughout the building. The west elevation has two single-leaf entries: one is filled with a four-light metal door and a transom, and the other with a metal door and a transom. Two windows on this elevation have had their lower sashes removed. Both gable elevations have round, louvered gable vents and cornice returns. The building is supported by a concrete slab foundation, and the roof is sheathed in clay tiles.

Resource 11. Transformer and Animal House. 1932. *Contributing Building.*

Resource 11 was constructed in 1932 as the transformer and animal house, and today it appears to be a storage facility. Oriented to the north, it is located in the maintenance/utility group of buildings between the garage and the laundry (Resources 10 and 16, both 1932). The single-story, side-gable, rectangular building has a five-course, common-bond brick exterior. The four-bay (w/w/d/w) facade elevation exhibits a single-leaf entry filled with a four-light metal door and three windows filled with eight-light, hopper-style sashes. Similar windows are found throughout the building. The east elevation has a single-leaf entry filled with a metal door. The two windows on the west elevation have been filled in. One of the windows on both the facade and rear elevations (opposite each other) has been partially covered by a metal screen projecting from the exterior wall. Both side elevations have cornice returns, and the west gable end has a triangular louvered gable vent. The building is supported by a concrete

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slab foundation, and the roof is sheathed in clay tiles. Three small round vents project at regular intervals from the ridgeline of the roof.

Resource 12. Storehouse. 1932. Contributing Building.

Resource 12, constructed in 1932 as a storehouse, appears to continue serving its original function. Oriented to the south, the storehouse is located in the maintenance/utility group of buildings north of the laundry (Resource 16, 1932). The single-story, gable-roof building has a five-course, common bond brick exterior. The eight-bay (d/d/w/w/d/w/d/w) facade elevation exhibits a double-leaf and a single-leaf entry filled with replacement metal doors; three windows filled with multi-light, awning-style steel sashes; and two garage bays filled with replacement overhead doors. Similar windows are found throughout the building. One window is filled with a single-light, fixed sash. A loading dock has been partially enclosed with five-course, common-bond brick walls and a flat roof. The enclosed part of the loading dock is accessed by a set of concrete stairs leading to a single-leaf entry filled with a metal door. Two sets of concrete stairs with metal railings lead to the open loading dock area. The east and west gable ends exhibit cornice returns and lunette windows. A former window on the west elevation has been enclosed with brick. A double-leaf entry on the west elevation is filled with replacement metal doors. A former pedestrian door and garage bay on the north elevation have been enclosed with brick, and a new, larger garage bay has recently been constructed. Three original vents project at regular intervals from the ridgeline of the roof. The building is supported by a concrete foundation, and the roof is sheathed in clay tiles.

Resource 13. Boiler House. 1932. Contributing Building.

Resource 13 was constructed in 1932 as the boiler house, and it continues to serve its original function. Oriented to the south, the boiler house is located in the maintenance/utility group of buildings between the storehouse and the engineering shops (Resources 12, 1932; and 20, 1939). The two-story, flat-roof, rectangular-shaped building exhibits a five-course, common bond brick exterior. The eight-bay (w/w/w/w/d/w/w/w) facade elevation has a single-leaf entry slightly below grade filled with a four-light metal door and a screen door. A small projection, also below grade, is adjacent to this entry. The windows are filled with multi-light, awning-style windows with steel sashes. Similar windows are found throughout the building. A stone belt course encompasses the building below the parapet roof. It appears that an addition was constructed on the west elevation. A single-leaf entry on the east elevation is reached by concrete stairs and is sheltered by a projecting metal awning roof. The entry is filled by a glass door. The original chase to the smokestack has been covered by a large, metal louvered vent. The west elevation has a double-leaf entry filled with metal doors. The building is supported by a concrete basement foundation.

Resource 16. Laundry. 1932. Contributing Building.

Constructed in 1932 as the laundry building, Resource 16 continues to fulfill its original purpose. Oriented to the north, the laundry building is located south of the storehouse (Resource 12, 1932) in the maintenance/utility group of buildings. The single-story, side-gable, rectangular building exhibits a five-course, common-bond brick exterior. The eight-bay (d/d/w/w/w/w/w/d) facade elevation has two single-leaf entries. One is filled with a single-light metal replacement door and a single-light transom. This

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entry is accessed by a concrete ramp and a set of metal stairs. The other facade entry is filled with a four-light metal door with a three-light transom, and an adjacent garage bay is filled with a six-light, overhead wood door. Both of these entries are accessed by a set of metal stairs onto a concrete loading dock. The other five facade bays are filled with pairs of six-over-six-light, steel awning-style sashes. Similar windows are found throughout the building. The east and west gable ends have cornice returns, circular air vents, and formerly round gable vents that have been replaced with square louvered vents. A window on the west elevation has been enclosed with brick. A pair of windows on the south elevation has been replaced with louvered vents. Several individual sashes have been replaced with louvered vents or otherwise filled in. Two contemporary vents and two original vents project at regular intervals from the ridgeline of the roof. The building is supported by a concrete foundation, and the roof is sheathed in clay tiles.

Resource 17. Gas Meter House. 1932. Contributing Building.

Resource 17 was constructed in 1932 as the gas meter house, and it continues to fulfill its original function. Oriented to the south, the gas meter house is located east of the storehouse (Resource 12, 1932) in the maintenance/utility group of buildings. The single-story, single-bay, side-gable building exhibits a five-course, common-bond brick exterior. The central, single-leaf entry is filled with a nine-light wood door. The east and west elevations each have a window filled with an eight-light, hopper window with steel sashes. The former window on the north elevation is filled with a louvered vent. A circular vent projects from the center of the roof's ridgeline. The building is supported by a concrete slab foundation, and the roof is sheathed in clay tiles.

Resource 19. General Medical Building. 1938. Contributing Building.

Resource 19, constructed in 1938, is the general medical building. It continues to function as a medical building for the hospital complex. Oriented to the west, Resource 19 is located between the dining hall and the regional office building (Resources 2, 1932; and 26, 1948). The multiple-bay, two-story, hip-roof, rectangular building exhibits a five-course, common-bond brick exterior and was constructed with Colonial Revival architectural elements. The building has a three-bay (w/d/w) central projecting entrance pavilion with a pediment. The central single-leaf entry is filled with a replacement commercial glass door, sidelights, and transom, and it has a wood door surround with fluted pilasters, plain architrave, and cornice with dentils. The entry is flanked by windows, one of which is filled with a louvered vent, and the other with six-over-six-light, double-hung replacement sashes. Similar replacement sashes are found throughout the building. The second-floor central window surmounts a stone panel and exhibits a banded brick surround and a metal railing. The windows of the central entrance pavilion have brick jack arches with stone keystones. The pediment features a lunette window. A stone water table encompasses the building.

The five-bay north elevation has a set of concrete stairs that descend to a central, single-leaf basement entry filled with a metal door. The two-story connecting corridor (Resource H, 1938) between the dining hall and general medical building (Resources 2, 1932; and 19, 1939) enters the building in the central bays of the rear projection. The two story corridor (Resource J, 1938) between the general medical building (Resource 19, 1938) and the main building (Resource 1, 1932) enters the center of the

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right side (south elevation) of the general medical building (Resource 19, 1939). The corridors are flanked on each floor by windows filled with multi-light, double-hung replacement sashes.

The general medical building exhibits Colonial Revival details, such as the symmetrical facade, the projecting entrance pavilion, brick quoins, a stone water table, and the banded brick exterior of the raised basement. It is supported by a concrete basement foundation, and the hip roof is sheathed in clay tiles. Two gable-roof dormers with pilasters flank the central entrance pavilion and the central rear projection. Similar, single dormers are found on the north and south roof slopes. All but one of the dormer windows are filled with multi-light, double-hung replacement sashes and arched transoms. The other is filled with a louvered vent.

Resource 20. Engineering Shops. 1939. Contributing Building.

Resource 20 was constructed in 1939 as the engineering shops, and it is still used for that purpose. It is oriented to the south and is located west of the boiler house (Resource 13, 1932) in the maintenance/utility group of buildings. The single-story building exhibits a five-course, common-bond brick exterior. The ten-bay (w/d/w/d/d/d/w/w/d/w) facade elevation exhibits two paired windows filled with multi-light, awning style sashes; a window with multi-light, awning-style sashes; a window filled with a two-light casement sash; two paired windows filled with single-light, fixed sashes; and a garage bay filled with a plastic overhead door. There are three single-leaf entries, two of which are filled with metal doors with sidelights, and the other is filled with a commercial glass door with sidelights and a double-leaf entry filled with metal doors. The east and west elevations exhibit cornice returns, lunette windows filled with replacement sashes, and three pairs of windows filled with awning-style sashes. The windows found on the north elevation are similar, except for three paired windows, which are filled with single-light, fixed sashes. Two circular vents project from either end of the ridgeline of the roof. The building is supported by a concrete slab foundation and has a side-gable roof sheathed in clay tiles.

Resource 21. Manager's Garage. 1946. Noncontributing Building.

Building 21 was constructed in 1946 as a garage for the manager's residence (Resource 6, 1932). Over time, it has been enlarged and altered, but it is still used as a garage/storage building. It is oriented to the south and is located in the residential group of buildings east of the manager's residence (Resource 6, 1932). The single-story building has two sections: a smaller scale, three-bay garage section with a brick exterior and a flat roof; and a large, rectangular section with a ribbed-metal exterior and a flat or slightly-pitched shed roof.

The brick section has three garage bays filled with aluminum overhead doors. The original garage section exhibits a seven-course, common-bond brick exterior and a smaller garage bay, and the additional bays appear to have a running-bond exterior and larger bays. A ribbed-metal cornice encompasses the brick section. A former door and window on the west elevation of the original section have been enclosed with metal panels. On the north elevation of the garage section, a larger addition with a ribbed-metal exterior has been constructed. This addition has a single-leaf entry filled with a metal door on its south elevation. The east elevation of the building is inaccessible due to a tall privacy fence, but it does not appear to exhibit any additional doors or windows. The building is supported by a concrete slab foundation.

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The manager's garage (Resource 21, 1946) has sustained numerous alterations in recent years. The modifications to the building include the three replacement overhead garage doors filling the facade bays, the ribbed metal cornice applied to the original block of the building, the enclosure of the entry and window along the left side (west elevation) of the original block, and the flat-roof rear addition clad in ribbed-metal, which increases the original footprint of the building to approximately three times its original size. With these modifications and the ensuing loss of integrity, the manager's garage (Resource 21, 1946) is not a contributing resource to the Wichita VA Hospital historic district.

Resource 30. Garage. Circa 1950. Noncontributing Building.

Resource 30 was constructed circa 1950 as a ten-car garage. It is oriented to the west and is located in the residential group of buildings east of the duplex quarters (Resource 7, 1932). The facade has been reconstructed with five bays. The single-story, rectangular building exhibits a five-course, common-bond brick exterior. The garage bays are filled with metal, replacement overhead garage doors. The building is supported by a concrete slab foundation and has a shed roof. The south and rear elevations of the building are constructed adjacent to the brick wall that serves as the National Register of Historic Places boundary along South Edgemoor Street and Kellogg Drive in the southeastern portion of the historic district. This brick wall appears to have been constructed when improvements were made to the intersection of South Edgemoor Street and Kellogg Drive. This garage is no longer a contributing resource to the historic district because the reconstructed facade with fewer bays has diminished the integrity of the building.

Resource 31. Emergency Generator. 1978. Noncontributing Building.

Resource 31 was constructed in 1978 to house an emergency generator. It is oriented to the north and is located in the courtyard formed by the connecting corridor (Resource D, 1932) between the main building (Resource 1, 1932) and the recreation building (Resource 4, 1932), and the central rear and northeast rear return wings of the main building (Resource 1, 1932). The single-bay, single-story, square building exhibits a running-bond brick exterior. The garage bay on the north elevation is filled with an overhead metal door. It is supported by a concrete slab foundation and has a flat roof.

Resource 33. Steam Tunnel Access. 1932. Noncontributing Structure.

Resource 33 was constructed in 1932 as an access point for the steam tunnels, and it still retains that purpose today. It is oriented to the west and is located in the maintenance/utility group of buildings southwest of the animal and transformer house (Resource 11, 1932), between the animal and transformer house (Resource 11, 1932) and the garage (Resource 10, 1932). The small, square structure, approximately 4 feet tall and 4 feet in diameter, has a running-bond brick exterior with double-leaf metal access panel doors and triangular louvered gable vents. The front-gable roof is sheathed in metal, and a large circular vent projects from the south slope of the roof. The rectangular concrete slab that encompasses much of the area between the garage, the animal and transformer house, and the steam tunnel access (Resources 10, 11, and 33), and a square manhole cover projecting from the ground immediately west of the steam tunnel access are probably related to the structure. The concrete slab and manhole cover appear to be recent additions to the area surrounding this small resource. Also, the gable-roof appears to be a replacement, and the large circular vent also

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appears to be of recent construction. With these alterations, this small resource no longer retains sufficient integrity to contribute to the historic district.

Resource 34. Surgery Building. 1985. *Noncontributing Building.*

Resource 34 was constructed in 1985 as a combined medical and storage facility, and it retains that use today. The building is oriented to the east and is located east of the dining hall (Resource 2, 1932). The multiple-bay, two-story rectangular building has a six-course, common-bond brick exterior. Two three-story towers, possibly for stairs and elevators, project above the east elevation. An enclosed loading dock extends from the facade at an angle and has a garage bay that is filled with an overhead door. A single-leaf entry adjacent to the dock is filled with a metal door. The door is accessed by concrete stairs with a metal railing. A second single-leaf entry is located at grade adjacent to the larger of the two towers. It is filled with a metal door. A double-leaf entry is sheltered beneath the flat roof of an exterior loading dock area. Two windows are filled with eight-over-eight-light, double-hung sashes. Similar windows are found throughout the building.

The decorative elements on the utilitarian building are few and consist of brick quoins, a stone belt course near the roof, and a stone water table. A second-story connecting corridor from Resource 1 (main building, 1932) was constructed above the original corridor, and these corridors enter Resource 34 near the southwest corner. A small, single-story projection on the south elevation is accessed by a single-leaf entry filled with a metal door. Another larger, single-story projection on the west elevation appears to house an emergency generator. Two single-leaf entries are filled with metal doors. An adjacent bay is filled with larger, louvered vents. Resource 34 is supported by a concrete basement foundation and has a flat roof.

Resource 35. Storage Shed. 1978. *Noncontributing Building.*

Resource 35 was constructed in 1978 as an electrical switchgear station. It has since been replaced by a new unit (Resource 35A, 2009) and is currently used for storage. It is oriented to the west and is located northwest of the engineering shops (Resource 20, 1939). It has a galvanized metal exterior. Both the east and west elevations exhibit single-leaf entries filled with metal doors. The north and south elevations each have ten access panels or doors. It has a gable roof sheathed in the same galvanized metal as the exterior and is supported by a concrete slab foundation.

Resource 35A. Electrical Switchgear Station. 2009. *Noncontributing Structure.*

Resource 35A was constructed in 2009 as an electrical switchgear station, replacing another electrical switchgear station (Resource 35, 1978) located immediately to the east. It is oriented to the east and is located west of the former switchgear station, now used for storage (Resource 35, 1978). Resource 35A has a metal exterior. The east and west elevations exhibit single-leaf entries filled with metal doors. The north and south elevations each exhibit five access doors. This station has a gable roof sheathed in the same metal as the exterior and is supported by a concrete slab foundation.

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Resource 60. Transitional Living Center. 1984. *Noncontributing Building.*

Resource 60 was constructed in 1984 as a long-term care facility, and it continues that role today. It is oriented to the south and is located northeast of the recreation building (Resource 4, 1932). The multiple-bay, single-story, irregularly-shaped building (with a rectangular, two-story block in the middle) has a running-bond brick exterior. A double-soldier course forms the lintels of the doors and windows, and a one-and-a-half soldier course forms a cornice; both of these encompass the building. The two-story block has similar courses of brick.

The slightly-recessed, double-leaf entry is filled with an automatic sliding glass door and sidelights. Ribbons of windows filled with single-light, fixed sashes are located adjacent to the left of the facade entry. A single-leaf entry filled with a single-light wood door and a ribbon of windows with single light, fixed casement sashes are adjacent to the right of the facade entry. A wing projecting to the south from the main block of the building has a single-leaf entry filled with a glass door and sidelight near the southwest corner of the wing. Windows in this section are filled with what appear to be single, paired, and ribbons of single-light casement sashes in two sizes. A wing projecting to the east from the main block of the building exhibits a single-leaf entry filled with a glass door and sidelight on the east elevation. Windows in this section appear to be filled with single or paired single-light fixed and casement sashes. A square block of the building that projects from the northwest corner has a single-leaf entry filled with a metal-and-glass door with sidelights that opens onto a fenced-in patio area on the east elevation of this section. Adjacent windows appear to be filled with single-light fixed sashes. The patio area includes a concrete slab patio, benches, seating, and swings, a trellis for plants and birdhouses and feeders, and a pre-fabricated wood storage building. A small gazebo is located outside this area to the east.

Resource A. Utility/Emergency Generator. Circa 2000. *Noncontributing Structure.*

Resource A was constructed circa 2000 within a "L"-shaped utility area. It is located immediately northeast of the nurses' quarters (Resource 5, 1932). Emergency generators, electrical transformers, and air-conditioning equipment are contained within the "L"-shaped area and surrounded by a running-bond brick fence with angled brick coping.

Resource B. Smoking Shelter. Circa 1993. *Noncontributing Building.*

Resource B is a small, rectangular smoking shelter that was constructed circa 1993. It is oriented to the east and is located near the northwest corner of the administration building (Resource 3, 1932), between this building and the regional office building (Resource 26, 1948). It exhibits a ribbed metal exterior with a single-leaf entry on the east elevation filled with a metal door. Two windows on the north elevation are filled with single-light, sliding sashes. It is supported by a concrete slab foundation and has a side-gable roof sheathed in ribbed metal.

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Resource C. Connecting Corridor. Circa 1950s–1960s. *Noncontributing Structure.*

The original single-story corridor¹⁴ between the main and administration buildings (Resources 1 and 3, both 1932) was enlarged circa 1950s to 1960s to the width of the adjoining administration building (Resource 3, 1932). At the time the corridor was enlarged or soon after, a narrow, second-story connecting corridor was constructed between the central bays of the three-bay east elevation of Resource 3 and the three-bay projecting extension of Resource 1. Both the first and second floors of the enlarged corridor have flat roofs. The connecting corridor was enlarged between 1947 and 1976 according to mapping located in the engineering department of the Robert J. Dole Veterans Affairs Medical Center.¹⁵ This corridor was constructed in a sympathetic manner using similar materials to the adjacent buildings. It is, however, a significant alteration, since the new corridor more than doubles the massing of the original corridor, and it changes the spatial relationship between the two buildings (Resources 1 and 3). This connecting corridor does not contribute to the historic district.

Resource D. Connecting Corridor. 1932. *Noncontributing Structure.*

Resource D, the corridor between Resources 1 (main building, 1932) and 4 (recreation building, 1932), is oriented east–west and is located to the south of the surgery building (Resource 34, 1985). The single-story corridor was constructed with a six-course, common-bond brick exterior. Both the north and south elevations of the corridor exhibit rows of windows at regular intervals centered within slightly recessed arches. The windows are filled with single-light, fixed replacement sashes. Several windows on each side are filled with one-over-one-light, hopper-style replacement sashes. Each window has a brick jack arch lintel with a terra cotta keystone. The north elevation of the corridor has a small single-leaf entry filled with a metal door. The east half of the corridor has a gable roof sheathed in clay tile shingles.

A second-story addition has been constructed on the west half of the corridor to provide access between the second floors of the main and surgery buildings (Resources 1, 1932; and 34, 1985). This addition was probably constructed in 1985 at the same time as the surgery building (Resource 34, 1985). It has a six-course, common bond brick exterior and a flat roof. Brick piers have been constructed on the exterior walls of the corridor to support the second-floor addition. A window is centered between each pier on the second floor. The window has a brick jack arch lintel and is filled with eight-over-eight-light, double-hung sashes. The second-floor addition ends at the right-angle intersection of the short, two-story connecting corridor to the surgery building (Resource 34, 1985). The corridor then steps down to the original single-story section. A small tower has been constructed on the east elevation of the corridor at the right angle before it enters the recreation building (Resource 4, 1932). This tower houses an elevator that facilitates movement between this corridor (Resource D, 1932) and the corridor (Resource I, 1984) from the transitional living center (Resource 60, 1984) because the latter corridor is significantly lower than the former.

¹⁴ United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

¹⁵ United States Department of Veterans Affairs, files of the Engineering Department of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas.

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Because of the massing, replacement windows, and difference in window fenestration with the first floor, the second-story addition to the connecting corridor (Resource D, 1932) between the main building and the recreation building (Resources 1 and 4, both 1932) no longer retains sufficient integrity to contribute to the Wichita VA Hospital historic district.

Resource E. Gate Posts. Circa 1970. Noncontributing Objects.

Resource E includes two sets of square brick gate posts constructed circa 1970. They are located along the northern boundary of the hospital property to delineate two entrances from Waterman Street that provide access to parking lots built in these areas. Each gate post has a concrete base and cap. Contemporary wood privacy and/or chain-link fencing is located on either side of these entrances.

Resource F. Bleckley Memorial. 1937/1997. Noncontributing Object.

Resource F is a stone memorial constructed circa 1937 on a wedge-shaped median at the intersection of Bleckley Drive and Kellogg Avenue, on the north side of Kellogg Avenue.¹⁶ The Bleckley Memorial was not located on the VA property, but it was moved to the grounds circa 1997 due to the expansion of Kellogg Drive.¹⁷ The Bleckley Memorial is located south of the flag pole (Resource 9, 1932). The memorial is an obelisk constructed of stone blocks. The four elevations of the obelisk display inscriptions, and it is surmounted by a metal-and-glass lantern.

On the north side is the inscription "Kellogg" surmounted by a single inscribed star, and below this is inscribed "Heroes Live Beyond the Tomb; This Memorial Dedicated to the Memory of Those Who Made the Supreme Sacrifice in World War I. Erected by Thomas Hopkins Post No. 4, The American Legion, Wichita, Kansas, 1937." On the west side is the inscription "Bleckley Drive" surmounted by a single inscribed star. On the south side is the inscription "Kellogg" surmounted by a single inscribed star. On the east side is the inscription "Bleckley Drive" surmounted by a single inscribed star, and below this a bronze plaque is inscribed "In Memory of Lt. Erwin R. Bleckley, U.S. Army Air Corps, The Congressional Medal of Honor Awarded Posthumously, October 6, 1918, Donated by F/O T.A. Flynn R.C.A.F." The obelisk is supported by an octagonal concrete base into which has been set a small bronze plaque inscribed "Rededicated by Thomas Hopkins Post #4, Nov. 11, 1997."

Although the Bleckley Memorial dates to the period of significance, it originally was not located on the property of the VA. The memorial was relocated to its current position within the historic district in

¹⁶ United States Department of Veterans Affairs, files of the Public Affairs Office of the Robert J. Dole Veterans Affairs Medical Center, Wichita, Kansas; Beccy Tanner, "WW I Memorial Will Soon Be More Easily Accessible, Monument to World War I Flying Ace Will Be Moved to the Veterans Administration Hospital," *Wichita Eagle*, May 6, 1997; Beccy Tanner, "Monumental Memories: Over the Past 100 Years, Local Veterans and Their Supporters Have Erected Monuments All Over Wichita," *Wichita Eagle*, November 10, 2000.

¹⁷ Phyllis Jacobs Griekspoor and Beccy Tanner, "Honoring Heroes A Monument to Wichitan Erwin Bleckley, A Medal Of Honor Winner, will be Rededicated on Tuesday, Veterans Day," *Wichita Eagle*, November 9, 1997; Beccy Tanner, "WW I Memorial Will Soon Be More Easily Accessible, Monument to World War I Flying Ace Will Be Moved to the Veterans Administration Hospital," *Wichita Eagle*, May 6, 1997.

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1997 because of the widening of East Kellogg Avenue. The Bleckley Memorial (Resource F) is not a contributing resource to the historic district because it was placed within the historic district boundary after the period of significance and it was not originally associated with the Wichita VA Hospital.

Resource G. Connecting Corridor. Circa 1932. Noncontributing Structure.

The two-story corridor (Resource G, circa 1932) between Resources 1 and 2 (main and dining hall buildings, both 1932) is oriented north-south. The first floor, originally constructed in 1932, exhibits a five-course, common-bond brick exterior. The second floor is an addition, probably dating to circa 1980s-1990s, with four steel supports evident on its exterior. The second-floor exterior appears to be vertical metal siding. The corridor enters the central bays of the first and second floors of the central rear wing of the main building (Resource 1, 1932) and the central bays of the first and second floors of the dining hall (Resource 2, 1932). The corridor has five windows on both the east and west elevations. The windows of the first floor have brick jack arches with terra cotta keystones and are filled with six-over-six-light, double-hung replacement sashes centered within slightly recessed arches. The original corridor is supported by a concrete basement foundation. The second-floor addition, which is slightly wider than the first floor, is at least partially supported by four steel supports (two on each elevation) that are visible on the exterior of the corridor, and the roof is flat. The unsympathetic material of the second-floor addition represents a significant alteration that doubles the massing of this corridor. This corridor does not retain sufficient integrity to contribute to the historic district.

Resource H. Connecting Corridor. 1938. Noncontributing Structure.

The single-story corridor between the dining hall and the general medical building (Resource 19, 1938) was built in 1938 at the time of the construction of Resource 19. The two-story corridor (Resource H, 1938) between the dining hall and the general medical building (Resources 2, 1932; and 19, 1938) is oriented east-west. The first floor exhibits a five-course, common-bond brick exterior. The second floor is an addition, probably constructed circa 1980s to 1990s, with two exterior steel supports evident on both its north and south elevations. The second-floor exterior appears to be clad in vertical metal siding. The corridor enters the central first- and second-floor bays of the three-bay projection on the west elevation of the dining hall (Resource 2, 1932) and the central first- and second-floor bays of the five-bay projection on the rear (east) elevation of the general medical building (Resource 19, 1938). The corridor has three windows on both the north and south elevations. The windows of the first floor have brick jack arches and are filled with six-over-six-light, double-hung replacement sashes. The second-floor addition is slightly wider than the first floor. The original corridor is supported by a concrete basement foundation with a passageway under it to allow for pedestrian access to the courtyard formed by the main building, dining hall, and the general medical buildings (Resources 1, 2, and 19). The second-floor, flat-roof addition is at least partially supported by the four steel supports that are visible on the exterior of the corridor. The unsympathetic addition of the second-floor corridor represents a significant alteration that doubles the massing of this corridor. This corridor does not retain sufficient integrity to contribute to the historic district.

Resource I. Connecting Corridor. 1984. Noncontributing Structure.

The single-story corridor (Resource I, 1984) between the recreation building (Resource 4, 1932) and the transitional living center (Resource 60, 1984) extends from the east to the west. This corridor

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was constructed at the same time as the transitional living center (Resource 60, 1984). The connecting corridor exhibits a running-bond, brick exterior. A double-soldier belt course, a decorative element continued from the transitional living center (Resource 60), forms the lintels of both the single-leaf entry and the ribbons of windows on the south elevation of the corridor. The entry is filled with a glass door and a sidelight. The windows are filled with single-light, fixed sashes. At the intersection of this corridor and the connecting corridor (Resource D, 1932) between the main and recreation buildings (Resources 1 and 4, both 1932), a two-story square tower was constructed, which is connected to the east elevation of Resource D. This tower houses an elevator that facilitates movement between the two corridors because the latter corridor is significantly lower than the former. The corridor was constructed after the period of significance and in a style and manner that is unsympathetic with the Colonial Revival style employed in the design and construction of other campus buildings, such as the main and recreation buildings (Resources 1 and 4).

Resource J. Connecting Corridor. 1938. Contributing Structure.

Resource J, the corridor between the main building and the general medical building (Resources 1, 1932; and 19, 1938) extends from the north to the south. The two-story corridor (Resource J), probably constructed at the same time as the general medical building in 1938, has a five-course common-bond brick exterior. Both stories of the east and west elevations have three bays each. The windows have brick jack arches and are filled with six-over-six-light, double-hung replacement sashes. The first-floor windows are centered within slightly recessed arches. The corridor is supported by a concrete basement foundation and has a gable roof sheathed in clay tiles.

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Areas of Significance: Criterion A

Politics and Government

The Wichita VA Hospital Historic District is eligible under Criterion A in the area of Politics/Government because the selection of the site of the hospital was partially determined by the political influences exerted by the local community to acquire the federal hospital and its substantial contribution to the local and state economy during both construction and operation. A National Home for Disabled Volunteer Soldiers was located in Leavenworth, Kansas and a veterans hospital in Kansas City, Missouri. A new hospital began to be constructed at Leavenworth in 1930 and was expected to be completed in 1933.³² Although these two veterans health care facilities were already in existence, their location in or near the northeastern part of the state made travel to them difficult for those living in southern and central Kansas. The VA recognized that many Kansas veterans were being underserved because of the existing facilities' location. In the spring of 1931, with the VA announcement of plans to build a second facility in the state, the Wichita Chamber of Commerce began lobbying the federal government to build the facility in Wichita. As the state's second largest city, Wichita was the focal point of commerce for the southwestern portion of the state, where wheat, cattle, and oil were the chief products. What is more, the Veterans Bureau had an earlier presence in Wichita, establishing a sub-district office in the community in 1921 and a larger regional office in 1925.³³

The delegation from the Wichita Chamber of Commerce and the efforts of many of Wichita's citizens paid off when the VA announced that the hospital would be built in Wichita. A site was selected just outside Wichita's then city limits on Kellogg Avenue. On January 20, 1932, the Chamber of Commerce helped secure 48.68 acres of land. The cost of the property was \$23,230. On April 7, 1932, the deed was filed with the Sedgwick County Clerk.³⁴ The city had purchased the last right-of-way deed by February 1932, which cleared the way for paving East Kellogg Avenue from the city limits to the hospital. This paved road replaced the preexisting simple, narrow, sanded roadway.³⁵

Ground was broken on June 15, 1932, with the Henry B. Ryan Company of Chicago, Illinois, serving as general contractor for the project. Ryan had a strong national reputation as a builder of

³² Robinson E. Adkins, *Medical Care of Veterans* (Washington, DC: U.S. Government Printing Office, 1967): 401, 408; United States Department of Veterans Affairs, "VA Eastern Kansas Health Care System, History of Our Facility," located on the World Wide Web at: <http://www.leavenworth.va.gov/about/history.asp>, accessed March 2012.

³³ "New \$1,250,000 US Veterans' Hospital Completed," *Wichita Eagle*, March 12, 1933; Sheryll L. White, "Historic American Building Survey, Veterans Administration Center, Officers Duplex Quarters, Building 8 (Wichita, Kansas)," HABS No. KS-74-A (W2 Research, subcontractor for Howard Needles Tammen and Bergendoff, 1997), 6-7, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas.

³⁴ "Veterans Hospital Here Opens Today," *Wichita Eagle*, November 16, 1933; "Vet Hospital Open to Public," *Wichita Beacon*, November 11, 1933.

³⁵ "US Hospital Doors Open for 10 World War Vets Thursday," *Wichita Eagle*, November 17, 1933; "Patients Enter Vet Hospital," *Wichita Beacon*, November 16, 1933; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

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government offices, having erected nine other hospitals and a number of post offices across the country. Ryan's contract required that first priority be given to the hiring of local labor for subcontract work.³⁶ At the time of construction, jobs were a scarce commodity in the nation's heartland as a result of the Great Depression, and the wages and supplies purchased during the construction provided a much-needed stimulus to the local economy. The fourteen-building compound for the new hospital complex cost \$1,250,000 to build. Of this amount, \$750,000 went toward construction costs, \$250,000 for equipment, and \$250,000 for furnishings.³⁷ During the period of construction from June 1932 to March 1933, from 200 to 400 men were employed at the site, with an average daily employment of 300 men, mostly from the Wichita area. This employment stimulated the local economy by creating jobs that in 1933 amounted to \$200,000 in wages.³⁸

Work progressed rapidly due to the organized construction, large labor force, and mild weather. Work finished ahead of schedule.³⁹ In early March 1933, Joseph J. Fahy, supervising superintendent of construction for the VA, along with Jacob Pyrah, engineering supervisor, completed inspections of the new complex. On March 12, 1933, Fahy took possession of the buildings for the federal government. Fahy paid tribute to the contractors and workers who labored on the project, stating that the facility "is well built in every part and is a tribute to the conscientious labor of the men who have been entrusted with its building....it is the latest and most up-to-date institution of its kind in the United States."⁴⁰ The first patient was admitted in November 1933, and the hospital had reached full capacity by December the same year.⁴¹

Even after its opening, the hospital continued to provide employment and financial support through the wages paid and supplies purchased for the operation of the hospital. Hospital employment fluctuated slightly from its opening in 1932 until the early 1940s but averaged slightly over 200. With the influx of new patients made up of veterans of World War II, new facilities, and the introduction of new programs, employment swelled from 263 in 1945 to 900 in 1948.⁴² The statewide level of significance for the Wichita VA Hospital Historic District is evidenced by its role as a regional medical center that provided general medical and surgical care. In May 1950, the VA Regional Office and the hospital

³⁶ White, 11.

³⁷ "Award Contract for Hospital Job," *Wichita Beacon*, August 10, 1938; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

³⁸ White, 11.

³⁹ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 5-6.

⁴⁰ *Ibid.*, 3-4.

⁴¹ "US Hospital Doors Open for 10 World War Vets Thursday," *Wichita Eagle*, November 17, 1933; "Patients Enter Vet Hospital," *Wichita Beacon*, November 16, 1933; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

⁴² Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 5-7.

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combined management functions, and the mission of the newly-created Veterans Administration Center was to administer programs providing pension, compensation, insurance, and burial benefits to veterans throughout Kansas.⁴³ The regional identity of the Wichita VA Hospital Historic District is also evident in the design of the main and recreation buildings that utilized monumental, classical revival architectural detailing to create a local landmark. The hospital remained important to the state and local community throughout the period of significance, as the Wichita VA Hospital expanded to care for additional patients and continued to serve as an economic engine to the local economy.

Health/Medicine

The Wichita VA Hospital Historic District is eligible under Criterion A in the area of Health/Medicine at the state level because of the role the hospital played in the mission of the federal government through the VA to provide quality health care to the nation's veterans, primarily those who served in World War I and World War II. Thousands of veterans, from Kansas and surrounding states received subsidized general medical and surgical care during the period of significance that they may not have received if the federal government had not provided such treatment for them. The hospital was praised at its opening for construction that included the most modern equipment of its time. Initial construction of the hospital in 1932 provided approximately 150 beds for general medical and surgical patients.⁴⁴ Hospital capacity was reached within 60 days of admitting the first patient. The health care offered to veterans during the Great Depression was a vital benefit for their time spent in military service since hospitalization was beyond the reach of many during this economic downturn. The increase in the need for additional bed space prompted considerable construction in the late 1930s and 1940s. The medical ward building (Resource 19, 1938) added additional beds to the hospital, and a three-story addition to the main building also increased capacity. By the end of this building campaign, the Wichita VA Hospital could accommodate nearly 250 patients.⁴⁵

A major addition to the hospital campus took place in 1948 with the construction of the VA Regional Office building (Resource 26, 1949). Construction of the \$800,000 building allowed the regional office to move from offices located at the Boeing Airplane Company to the VA hospital campus. The three-story, "U-shaped" building was dedicated on November 7, 1949. While not providing direct patient care, the regional office served veterans of the state with assistance in pensions, compensation, insurance, out-patient care, and extended care. The completion of the regional office building ushered in a new era of growth and change for the Wichita facility during the last half of the twentieth century.⁴⁶

⁴³ Ibid., 9.

⁴⁴ Sheryll L. White, "Historic American Building Survey, Veterans Administration Center, Officers Duplex Quarters, Building 8 (Wichita, Kansas)," HABS No. KS-74-A (W2 Research, subcontractor for Howard Needles Tammen and Bergendoff, 1997), 11, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas.

⁴⁵ "Award Contract for Hospital Job," *Wichita Beacon*, August 10, 1938; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

⁴⁶ "An Important Asset...The Veterans Administration Hospital and Regional Offices," *Wichita Eagle*, November 13, 1949; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 8-9.

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As the Wichita VA Hospital moved forward in the late 1900s, the facility underscored the importance placed on the medical and support services the institution would provide to veterans of the state of Kansas. The Wichita VA Hospital Historic District continues to serve as a physical reminder of medical care provided by the federal government through the VA to veterans during the period of significance.

Areas of Significance: Criterion C

Architecture

The Wichita VA Hospital Historic District is eligible under Criterion C in the area of Architecture as an excellent example of a Period II general medical and surgical, Second Generation Veterans Hospital utilizing classical revival architectural styles that include elements of the Classical Revival and Colonial Revival styles. Decorative elements displayed by the buildings of the Wichita VA Hospital Historic District dating to the period significance include: symmetrical fenestration; brick exteriors; façade door surrounds; Palladian window; cornices exhibiting dentil or modillion molding; porticos; corner quoins; belt course; balustrades; keystones and jack arches over the windows; gable-roof dormers with segmental or arched window openings; fluted columns of the main building's portico; large columns and arched windows of the recreation building; parapeted gables; the main building's projecting pavilion's pediment pierced by an oculus with a surround displaying volutes and swag details; and the dominant lantern of the main building. The Wichita VA Hospital Historic District retains buildings and landscape characteristics of the general medical and surgical hospital sub-type, as buildings constructed to fulfill the needs of the hospital during the period of significance continue to exhibit the same architectural stylistic elements. The Colonial Revival style was nationally and locally popular during the period of significance and suggests a strong national pride following World War I and continuing beyond the Second World War. This architectural vocabulary was the most prevalent of those utilized for the Second Generation Veterans Hospitals, and the Wichita VA Hospital Historic District is an excellent example of the use of the Colonial Revival style within this typology. The Wichita VA Hospital Historic District includes characteristics of Period II general medical and surgical hospitals, such as a campus size smaller than other sub-types (e.g., neuropsychiatric hospitals), a location near town and major transportation routes, a monumental main building, and patient support buildings connected by enclosed corridors. The Wichita VA Hospital also displays the spatial relationships of many Second Generation Veterans Hospitals of this sub-type, including discrete separation of patient housing and support, staff residences, and maintenance/utility activities. The Wichita VA Hospital also utilized standardized designs employed for Period II veterans hospitals. Similar, if not identical, buildings can be found at other Period II Second Generation Hospitals of several sub-types. These standardized designs were utilized for buildings within the Wichita VA Hospital historic district, such as the staff residential buildings, patient ward/treatment building, maintenance/utility buildings, and for the overall design of the campus. Main buildings similar in massing and design to the Wichita VA Hospital are found at Fayetteville, Arkansas; Indianapolis, Indiana; Murfreesboro, Tennessee; Huntington, West Virginia; and Des Moines, Iowa. Recreation buildings that are comparable to the Wichita VA Hospital Historic District are located at Fayetteville, Arkansas; Huntington, West Virginia; and Des Moines, Iowa. Staff quarters that are very similar to those within the Wichita VA Hospital Historic District are found at Tuscaloosa, Alabama; Fayetteville, Arkansas; Indianapolis, Indiana; Lexington, Kentucky; Northport, New York; Murfreesboro, Tennessee; Huntington, West Virginia; Newington, Connecticut; and Des Moines, Iowa. Examples of similar maintenance/utility buildings are located at Tuscaloosa, Alabama; Murfreesboro, Tennessee; and Newington, Connecticut.

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Integrity

As a historic district eligible under both Criteria A and C, the Wichita VA Hospital should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the VA, to provide general medical and surgical care to veterans throughout the state. These features are often found in the overall form, massing, and scale of the buildings and their relationship to one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those styles and features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Wichita VA Hospital Historic District continues to serve as a medical facility and retains much of its original appearance dating to the period of significance during which the contributing resources were constructed. Contributing buildings retain most of their character defining details, especially those exhibiting Colonial Revival architectural elements. The hospital and associated campus are situated at the original location. Only two major resources dating from the period of significance were demolished: the boiler house smokestack and a duplex residence. Although the historic district has lost some of its buildings and structures dating from the period of significance, no major contributing buildings, such as patient treatment, administrative, recreational, and maintenance/utility, have been demolished. The loss of a single residential building for improvements to Kellogg Avenue does not seriously compromise the integrity of the residential group in the southwest portion of the historic district.

Although not readily apparent, a major change to the campus layout is the internal circulation system. When completed in 1932, two entrances accessed the campus, both from Kellogg Avenue. One road ran north-south to the west of the residential group, terminating in a circular drive to the northwest of the manager's residence (Resource 6, 1932). A second roadway was near the western edge of the campus and ran northward toward the administration building (Resource 3, 1932). The road ended in a semi-circular drive that returned to the main access road. Other internal roads, constructed in a linear plan, connected the various parts of the campus. This pattern remained virtually intact through 1947, except for a minor expansion of finished road surface near the engineering shops (Resource 20, 1939). This first change occurred prior to 1976, when the semi-circular drive to the south of the administration building was relocated (Resource 3, 1932) and the drive to the west of the building was partially abandoned. A second change was the construction of a secondary entrance off Waterman Street that provided direct access to the maintenance/utility group in the northeast corner of the historic district. Final changes to the internal road pattern occurred between 1976 and the present. The main entrance off Kellogg Avenue was shifted east and approached the campus between the main and administration buildings (Resources 1 and 3, both 1932). The return of the semi-circular drive was removed and replaced with a landscaped walkway. The circular drive northwest of the manager's quarters (Resource 6, 1932) was removed. Additional entrances were constructed. One led from

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Edgemoor Street north of the historic nurses' quarters (Resource 5, 1932), and a second in the northwestern corner of the property led to a large parking lot immediately to the west of the addition to the regional office (Resource 61, 1992). During this same time period, Omar Bradley Drive was constructed as an encircling roadway that surrounded the core campus buildings. Numerous parking lots were also constructed to the east of the regional office addition (Resource 61, 1992), north of the surgical building (Resource 34, 1985), west of the residential group (Resources 5–7, 1932), and south of the administration building (Resource 3, 1932).

The landscapes of Second Generation Veterans Hospitals appear to have evolved from the earliest hospitals dating from 1919 to 1950. The Second Generation Veterans Hospitals constructed during Period II attempted to utilize the natural attributes of the site in the placement of buildings and development of an internal circulation system with curvilinear drives and sidewalks for patients, staff, and visitors. General medical and surgical hospitals often lack the long, formal entrance drives and curvilinear drives and sidewalk systems found at the larger campuses of neuropsychiatric veterans hospitals. The Wichita VA Hospital Historic District exemplifies this pattern, with its smaller campus displaying a number of linear drives and a short, curvilinear drive serving as the original main entrance drive. Although the use of the land has changed and parking lots and roadways increase the amount of paved surface, the spatial configuration and relationships between main buildings remain intact. Open space within the landscape exists to the south of the main building (Resource 1, 1932), in the southwestern portion of the historic district, and through various courtyards between major buildings. The construction of several major buildings after the period of significance, such as the addition to the regional office (Resource 61, 1992), surgical building (Resource 34, 1985), and the transitional living center (Resource 60, 1984), do impact the overall design and setting of the historic district; however, they were placed to the rear of the main buildings, and construction techniques that were sympathetic in scale and material to the existing buildings were utilized to mitigate the impact to the historic core. The historic district continues to provide open areas and spatial relationships in keeping with the period of significance.

Changes to historic district buildings include replacement doors, replacement windows, enclosed or partially enclosed windows for smaller openings, enclosed porches, and additions. Replacement windows are found on buildings dating from the period of significance throughout the historic district. The replacement windows are found on the main building (Resource 1, 1932), dining hall (Resource 2, 1932), administration building (Resource 3, 1932), recreation building (Resource 3, 1932), the surgical building (Resource 19, 1939), and the residential group (Resources 5–7, 1932). These windows are a combination of synthetic sash with faux muntins and paired windows with a fixed-light sash above an awning window. The replacement windows diminish the integrity of design, materials, and workmanship of the buildings because they do not reflect the double-hung sash originally installed. Enclosing the porches of the second and third levels at the southeast and southwest corners of the main building (Resource 1, 1932)—presumably to create a fire-resistant point of egress—impacts the design, materials, and workmanship of this resource, but the overall massing, scale, and decorative elements of the building continue to reflect the period of significance. Similar changes have occurred with the buildings of the residential group. Porches of the nurses' quarters, manager's residence, and duplex residence (Resources 5–7, all 1932) were also enclosed with brick construction. In some cases, such as the nurses' quarters (Resource 5), the original wooden columns were retained and brick fill and modern windows were added between the columns, but the original wooden balustrade was removed and replaced with metal rails. The porches of the manager's quarters (Resource 6, 1932) and duplex

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residence (Resource 7, 1932) experienced more extensive changes with removal or replacement of the columns and balustrade and the installation of modern windows. Although they have been altered, the former locations of all the open porches continue to be visibly recognizable. All buildings of the central core and residential group display other changes, such as replacement doors, modifications to window openings to accommodate doors, and enclosure of the pediment windows with louvered vents. Changes were also made to the maintenance/utility group. These appear to be limited to replacement pedestrian doors and new metal or vinyl segmented garage doors replacing original wood construction. Although these changes all diminish the characteristics of design, materials, and workmanship of the individual resources, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the historic district. Although none of these individual changes substantially diminish integrity, these modifications can cumulatively impact the integrity of the resources and the historic district as a whole. Even with these cumulative modifications, the resources continue to contribute to the historic district. The interiors of the majority of the buildings within the historic district, although not fully investigated, appear to have lost integrity due to alterations made over time to adapt them to changing use and standards in medical care.

The introduction of buildings and additions to the historic district after the period of significance also diminishes integrity of design and setting, especially buildings or additions with large footprints or massing. Many of the buildings added to the Wichita VA Hospital Historic District are small support or utility buildings, but three major buildings were constructed: the surgical building (Resource 34, 1985), the addition to the regional offices (Resource 61, 1992), and the transitional living center (Resource 60, 1984). These buildings do not follow the architectural traditions of the Classical Revival and Colonial Revival styles exhibited by the original buildings, but the scale of the post-1950 buildings does not dominate the surrounding contributing buildings, and the use of brick cladding helps lessen the impact of the buildings on the historic district's setting. Additionally, these buildings were all constructed to the north or east of the central core, further minimizing any intrusion into the spatial organization of the Wichita VA Hospital historic district. Additionally, the construction techniques of the new buildings clearly date to the latter twentieth century and differentiate them from the buildings erected during the period of significance. Additional changes were made to some of the connecting corridors. The corridor between the administration and main buildings was expanded or replaced with a full length addition. Other corridors were vertically enlarged with a second story constructed of steel framing with fixed glazing or brick exteriors. These additions and modifications, while diminishing integrity of design, materials, and workmanship, do not automatically render a resource as noncontributing because the historic buildings continue to retain the majority of their character-defining architectural details dating to the period of significance and retain sufficient integrity to contribute to the historic district. None of the additions or buildings introduced to the historic district after the period of significance redirect the attention from the monumental main building (Resource 1, 1932), which continues to serve as the focal point of the historic district, or the buildings that flank the main building: the recreation building (Resource 4, 1932) and the administration building (Resource 3, 1932).

Although the cumulative effect of modifications, loss of some buildings, construction of buildings and additions after the period of significance, and the reconfiguration of the internal circulation system diminishes the integrity of design and setting, the historic district continues to reflect the mission of the hospital during the period of significance to provide general medical and surgical care to veterans. The evolution of the campus buildings and setting does not reach the point to render the historic district ineligible for listing in the National Register of Historic Places. The historic district retains the majority of

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resources erected during the period of significance, and the overall campus retains integrity of location, setting, design, materials, workmanship, association, and feeling to convey the significance of the historic district. The Wichita VA Hospital Historic District continues to communicate its sense of time and place as a hospital constructed during the period of significance and its connection to other veterans hospitals of this typology, and it is an excellent example of a Period II Second Generation Veterans Hospital.

Historical Narrative

The present Robert J. Dole Medical and Regional Office Center in Wichita, Kansas, has its origins with Public Law 868 passed by the 71st Congress on March 4, 1931. The law authorized the expenditure of \$20 million for new construction of veterans hospitals and homes across the United States. Overseeing the expenditure of these funds was the Veterans Administration (VA), a new independent federal agency designed to replace the former Veterans Bureau. The VA was established by a Presidential Executive Order signed by President Herbert Hoover on July 21, 1930.⁴⁷

A veterans home already existed in Leavenworth, Kansas, and a veterans hospital was also located in Kansas City, Missouri, but their location in and near the northeastern part of the state made travel to the facilities difficult for those veterans residing in southern and central Kansas. The VA recognized that many Kansas veterans were being underserved because of the other two facilities' locations. In the spring of 1931, with the VA announcement of plans to build a second facility in the state, the Wichita Chamber of Commerce began lobbying the federal government to build the facility in Wichita. As the state's second largest city, Wichita was the focal point of commerce for the southwestern portion of the state, where wheat, cattle, and oil were the chief products. What is more, the Veterans Bureau already had a presence in Wichita, establishing a sub-district office in the community in 1921 and a larger regional office in 1925.⁴⁸

The delegation from the Wichita Chamber of Commerce and the efforts of many of Wichita's citizens paid off when the VA announced that the hospital would be built in Wichita. A site was selected just outside Wichita's then city limits on Kellogg Avenue. On January 20, 1932, the Chamber of Commerce helped secure 48.68 acres from Emil and Lenore Elder, Eban W. and Florence Pyle, and Burt and Pauline Comer; Elpyco Street, one block west of the hospital site, was eventually named for these three families. Part of the tract had been a wheat field and the remainder a cow pasture when it was sold. The cost of the property was \$23,230. On April 7, 1932, the deed was filed with the Sedgwick County Clerk.⁴⁹ The city had purchased the last right-of-way deed by February 1932, which cleared the

⁴⁷ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 1.

⁴⁸ Robinson E. Adkins, *Medical Care of Veterans* (Washington, DC: U.S. Government Printing Office, 1967): 401, 408; United States Department of Veterans Affairs, "VA Eastern Kansas Health Care System, History of Our Facility," located on the World Wide Web at: <http://www.leavenworth.va.gov/about/history.asp>, accessed March 2012; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 1–2.

⁴⁹ "Start Work On New Veterans' Hospital Here BY February," *Wichita Eagle*, December 12, 1931; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–*

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way for paving East Kellogg Avenue from the city limits to the hospital. This paved road replaced the preexisting simple, narrow, sanded roadway.⁵⁰ Beginning in mid-April, after accepting the land, the federal government solicited bids for the forthcoming project. Bids were to be opened in May in Washington, D.C. Once selected, the contractor was required to complete the job within 250 days. A small farm house located on the parcel became an operational headquarters during the initial construction of the hospital between 1932 and 1933. Superintendent of construction for the Veterans Administration was Willis B. Hayes.⁵¹

Ground was broken on June 15, 1932, with the Henry B. Ryan Company of Chicago, Illinois, serving as general contractor for the project. Ryan had erected nine other hospitals and a number of post offices across the country. Ryan's contract required that first priority be given to the hiring of local labor for subcontract work.⁵² At the time of construction, jobs were scarce in the nation's heartland as a result of the Great Depression. The fourteen-building compound for the new hospital complex cost \$1,250,000 to build. Of this amount, \$750,000 went toward construction costs, \$250,000 for equipment, and \$250,000 for furnishings.⁵³ During the period of construction from June 1932 to March 1933, from 200 to 400 men were employed at the site, with an average daily employment of 300 men, mostly from the Wichita area. This employment stimulated the local economy by creating jobs that in 1933 amounted to \$200,000 in wages.⁵⁴

Subcontracted local and regional firms involved in the construction included the Central Realty Engineering Company, which performed much of the engineering, excavating, grading, road building, and pipeline and sewer work. The firm helped move more than 100,000 cubic yards of earth during the course of excavating and grading, lay 5.5 miles of underground lines across the 48-acre tract, pave a mile of roads, and installed a half mile of sidewalks.⁵⁵ Additional firms were brought in to construct the buildings. They included J.H. Turner Coal and Material Company, who supplied all of the brick and hollow tile used to construct the buildings; the Spencer-Allen Fuel Company, who provided 25 carloads of brick masons cement; the Fluck Cut Stone Company, who supplied the Indiana limestone for the trim; J.W. Metz Lumber Company, who provided lumber and wood trim; Fortney Tile and Mantel Company, who provided all of the marble, ceramic tile, terrazzo, and slate for the construction, except for the clay tiles used for roofing the two duplexes, which were provided by the Imperial Tile Company. Glass for the exterior and interior work was provided by Carl Graham Paint and Wallpaper Company. The Chicago firm of Plamondon and Gabriel Company employed local labor to provide painting for the

1983, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 2.

⁵⁰ "City Clears Way For Paved Road To US Hospital," *Wichita Eagle*, February 7, 1932.

⁵¹ "Chicago Firm Given Contract To Build Veterans Hospital," *Wichita Eagle*, May 29, 1932; Sheryll L. White, "Historic American Building Survey, Veterans Administration Center, Officers Duplex Quarters, Building 8 (Wichita, Kansas)," HABS No. KS-74-A (W2 Research, subcontractor for Howard Needles Tammen and Bergendoff, 1997), 8, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas.

⁵² "Work Begins on \$750,000 Hospital," *Wichita Beacon*, June 8, 1932.

⁵³ White, 13.

⁵⁴ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 3.

⁵⁵ "Engineering Was Important Part of Hospital Job," *Wichita Eagle*, March 12, 1933.

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buildings. Other firms working on the projects included Conner-Ripstra Company; Kansas Gas and Electric Company; Wichita Transportation; Gilfillan Machine Works, Incorporated (Ebenezer, New York); Olchoff Engineering Company (Kansas City, Missouri); and the American Water Softening Company (Philadelphia, Pennsylvania). Otis Elevator Company's Wichita branch supplied the elevators for the facility.⁵⁶

During the first week of August 1932, the concrete was poured for the first floor of the main hospital building, and the dining hall's footings and columns were complete, with forms set for pouring the first floor of the building. The administration building was also underway at this time, with work beginning on its columns.⁵⁷ Work progressed rapidly due to the organized construction, large labor force, and mild weather. Work finished ahead of schedule.⁵⁸ In early March 1933, Joseph J. Fahy, supervising superintendent of construction for the VA, along with Jacob Pyrah, engineering supervisor, completed inspections of the new complex. On March 12, 1933, Fahy took possession of the buildings for the federal government. Fahy paid tribute to the contractors and workers who labored on the project, stating that the facility "is well built in every part and is a tribute to the conscientious labor of the men who have been entrusted with its building....it is the latest and most up-to-date institution of its kind in the United States."⁵⁹

The ability of the facility to expand was paramount to its design and layout. The planners placed the hospital buildings into three groups according to function. Each structure was given its own number, and each subsequent structure or wing added to the facility also received its own identifying number, even the flag pole. The main areas associated with patient care and administration of the facility were arranged in an east-west orientation, while the maintenance area was kept from immediate view through its location near the rear of the property. The housing/residential area for the nurses and senior staff was prominently situated on a north-south axis near the patient care area but was designed along with landscaping to give a feeling of family and home to the employees. The type of housing chosen for this area also reflected an internal hierarchy, with the hospital manager assigned a single family home, senior staff assigned duplexes, and nurses given dormitory accommodations. The hospital and mess attendants working at the facility were given rooms on the second floor of Building 2, the dining hall/kitchen building.⁶⁰

Fourteen buildings were erected as part of the original Wichita VA Hospital in 1933. They were comprised of the following: Building 1, the main hospital building; Building 2, the dining hall; Building 3, the administration and pharmacy building; Building 4, the recreation building (auditorium); Building 5, the nurses' quarters; Building 6, the manager's (director's) residence; Buildings 7 and 8, twin officer's

⁵⁶ White, 9-10; "Wichita Firms Play Big Part," *Wichita Eagle*, March 12, 1933; "Govt Approves Wichita's New US Veterans Hospital," *Wichita Eagle*, March 12, 1933.

⁵⁷ "United States Veterans' Hospital Takes Form," *Wichita Eagle*, August 2, 1932.

⁵⁸ White, 8-9.

⁵⁹ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 3-4.

⁶⁰ White, 6-7; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933-1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

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duplexes; Building 9, the flag pole; Building 10, a garage; Building 11, the animal house, transformer building, and laundry; Building 12, a storehouse; Building 13, the boiler house; and the boiler house chimney. The buildings constructed for the Wichita site emulated the popular Colonial Revival style of the times, which was also popular with hospitals of the 1920s and 1930s designed and built for the Veterans Bureau and VA. The Wichita facility utilized the Classical Revival and Colonial Revival styles because of their association with the patriotic history of this country.⁶¹

Prior to the official opening, a one-day open house was held, with an estimated 7,000 Wichita citizens in attendance.⁶² Within days the long awaited opening of the hospital came and went with little fanfare. The first ten patients were admitted to the newly completed hospital on Thursday, November 16, 1933, eight months after the government accepted the completed buildings. Diedrich Friedrich Henkensiefken from Rose, Kansas, was the first patient admitted to the hospital. Ten patients were admitted each day during the first week. By the end of November, a total of 104 patients had been admitted; the hospital reached full capacity in December 1933.⁶³

The 150-bed hospital proved inadequate in size as demand for more beds grew. Between 1934 and 1939, the facility entered into a period of new construction, as five buildings were added to the campus and modifications and additions were made to the existing buildings. Many of these new buildings were support and service related properties. This period saw the construction of the incinerator, Building 16 (laundry), Building 17 (gas meter house), and a personnel garage.⁶⁴ In 1935 and 1939, additions were made to the main hospital as well. In 1938 the \$107,987 contract for Building 19, a three-story addition to the main hospital, was awarded to Harmon Construction of Oklahoma City, Oklahoma. The general medical building (Building 19) was built to alleviate the increasing bed shortage. The construction of Building 19 and the additions to Building 1, the main hospital, increased the facility bed capacity by 75 to 246.⁶⁵ Other changes to buildings at this time included the installation of Langdon awnings on many of the campus buildings (these would be removed by 1943) and the enclosure of the sun porches on the duplexes sometime between 1934 and 1946. The construction of the general medical building (Building 19) was to be the last major construction until 1948.⁶⁶

During the World War II years many of the VA physicians were given commissions in the armed forces and were allowed to continue working at the hospital. Other young medical graduates enrolled in the Army Specialized Training Program (ASTP) and Navy V-12 programs worked as wartime and post-

⁶¹ "New \$1,250,000 US Veterans' Hospital Completed," *Wichita Eagle*, March 12, 1933; White, 6–7.

⁶² "Veterans Hospital Here Opens Today," *Wichita Eagle*, November 16, 1933; "Vet Hospital Open to Public," *Wichita Beacon*, November 11, 1933.

⁶³ "US Hospital Doors Open for 10 World War Vets Thursday," *Wichita Eagle*, November 17, 1933; "Patients Enter Vet Hospital," *Wichita Beacon*, November 16, 1933; *History Veterans Administration Center, Wichita*, 4.

⁶⁴ White, 11.

⁶⁵ "Award Contract for Hospital Job," *Wichita Beacon*, August 10, 1938; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 4.

⁶⁶ White, 11.

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war physicians at the Wichita VA Hospital until completion of their commitment to the government for providing their training. The last of these doctors was transferred from the hospital in June 1948.⁶⁷

The post-war years saw an increase in hospital and patient programs. Between 1945 and 1948, employment increased from 263 to 900 persons as a result of the increase in staffing for the new medical training programs. In 1946, the Wichita VA Hospital became affiliated with the University of Kansas Medical School in Kansas City, Kansas. This collaboration was made possible with help from the Sedgwick County Medical Society, marking the first time in American medical history that a medical society was an integral part of a residency program at a VA hospital. The program trained as many as nineteen resident physicians per school term in medicine, surgery, and radiology during the peak years of the program (1946–1949). At the time it was the only hospital in Wichita with a residency program. A nurses In-Service Education Program was also established in 1946 to promote improvement of patient care by providing full-time nurses access to university level nursing education during off hours. The partnership enlisted assistance from the University of Kansas, Wichita University (currently Wichita State University), and medical specialists and VA staff in Wichita. Other programs included the establishment of a biochemistry research program and research laboratory in 1948 in the basement of the administration building (Building 3, 1932). The laboratory's animal facility was established in the transformer and animal house (Building 11, 1932) and was used to house experimental laboratory animals, such as guinea pigs, white mice, rats, and other small animals needed for clinical testing. The VA offered a variety of educational programs for patients, especially those requiring rehabilitation and training after WWII service. Courses included typing, bookkeeping, shop work, automobile mechanics, photography, sign writing, chemistry, forestry, and many others.⁶⁸

The general design of veterans hospitals changed after World War II when Frank Hines, administrator of the VA, retired and was replaced by General Omar Bradley. During Bradley's tenure, an ambitious plan to expand the number of veterans hospitals was undertaken to provide adequate care to United States veterans who had participated in World War II. This expansion included the construction of hospital buildings on smaller campuses closer to medical schools. Large, multi-story buildings were constructed to function in the role that up to that time had been filled by the various buildings serving specific purposes on Second Generation Veterans Hospital campuses. Minimal ornamentation was utilized on these buildings, which reflected the attributes of modern design rather than the influence of nationally popular revivalist styles or of local building traditions. These large hospital buildings are referred to as Third Generation Veterans Hospitals. Smaller buildings constructed during this period at existing campuses also exhibit modern designs, with flat roofs and minimal ornamentation. The regional office building (Resource 26, 1948) may be related to this Third Generation period of veterans' hospital design since it exhibits minimal decorative features and a flat roof typical of buildings constructed by the VA in the years after World War II.

⁶⁷ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 5–6.

⁶⁸ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 5–7.

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Patient recreational opportunities represent another area that received attention and was improved during the post-WWII era at the Wichita VA Hospital. Most of the efforts focused upon the health and quality of life of veterans, including offering continuing education services to patients of the hospital. As a result of this campaign, numerous trees and ornamental plants were planted across the grounds of the hospital. A few clusters of older trees remain within the historic district, namely to the southeast of the recreation building (Resource 4, 1932), in the southwestern portion of the historic district, and near the residential quarters.⁶⁹ A centerpiece of this beautification was the construction of the Veterans Summer House. The small cottage was erected opposite the east entrance to the auditorium as a gift from the Soroptimist Club of Wichita to the hospital veterans. It featured an open floor plan with a screened 60 x 30 foot main area with a stage and dressing and utility rooms, and it was equipped with recreational equipment. Built at a cost of over \$15,000, the building was dedicated on August 17, 1947, and served the facility for thirty-five years until 1982, when following a discontinuation of outdoor recreation therapy, it was razed to construct a new nursing home care unit on the site.⁷⁰

A number of buildings were erected during the 1940s. These buildings would represent the last new construction on the property until 1975. The center built three Quonset Huts with concrete flooring at the northeast corner of the facility in 1947.⁷¹ These Quonset huts are no longer extant. During the latter part of 1947 and early 1948, Kellogg Street was selected for widening after U.S. Highway 54, connecting Wichita with Chicago and El Paso, was relocated from Central Avenue. A portion of the hospital grounds along the main entrance was transferred to the Federal Highway Administration for the widening project. The year 1948 saw the construction of the auxiliary generator building, the tractor shed (no longer extant), and Building 26, the VA regional office building. Construction of the \$800,000 regional office building resulted from the decision to move the office from the Boeing Airplane Company administrative building to the hospital grounds. The three-story, U-shaped, brick Building 26 was begun in December 1948 and completed in October 1949 behind the administration building (Building 3, 1932). The regional office building was dedicated on November 7, 1949, ushering in a new era of growth and change for the facility during the last half of the twentieth century.⁷²

In May 1950 the regional office and the VA Hospital at Wichita combined management functions to form the Veterans Administration Center. As a result of this change, the former regional office manager

⁶⁹ Ibid., 8.

⁷⁰ White, 11; Gjore J. Mollenhoff and Karen R. Tupek, *Veterans Administration Medical Center – Wichita, Kansas Determination of Eligibility*, Veterans Administration, Washington, DC, 1980, 10, located in the files of the United States Department of Veterans Affairs, Historic Preservation Office, Office of Construction and Facilities Management, Washington, D.C.; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 8.

⁷¹ Mollenhoff and Tupek, 1980, 10.

⁷² "An Important Asset...The Veterans Administration Hospital and Regional Offices," *Wichita Eagle*, November 13, 1949; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 8–9.

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Bert C. Moore was assigned as center manager, and Dr. George S. Littell, former hospital manager, was designated medical director.⁷³

The period from the 1950s to the 1970s saw slow growth and reductions in staffing. Following World War II, as returning GIs filed claims and applications for benefits, staffing at the regional office and at the hospital was dramatically increased to process the paperwork and aid returning veterans. By late 1948, most of the non-regular military personnel had been discharged as veterans, and benefit claims had begun to decrease. As a result, between 1950 and the 1960s the VA began to reduce staffing at the regional office at the VA center. Although there was a brief lull during the Korean Conflict, reductions in staff continued as a trend into the 1960s, as the Topeka Sub-Regional Office was downgraded to a mental hygiene clinic, guidance centers were closed, and all contact offices were closed, except in Topeka and Hutchinson. Mechanization of accounts during this period also helped to streamline the VA workload, leading to a decline in the workforce. Between 1958 and 1963, thousands of veterans under the GI Bill in Wichita lost their jobs as the local defense-related industry closed. The downturn resulted in foreclosures of GI Bill-assisted mortgages on homes in the Wichita area. To handle the crisis, the Loan Guarantee Program staff was increased from 37 to 63. By 1962 the regional office in Wichita held 10 percent of the total properties possessed by all VA regional offices. The closing of the regional office in Kansas City, Missouri, and transfer of responsibility for the ten northeastern Kansas counties to the Wichita Center in August 1965 resulted in the Wichita office assuming responsibility for VA programs across the whole state of Kansas.⁷⁴

In the early 1960s the average daily occupancy in the hospital was 220–230 patients, and the hospital had a maximum allotted occupancy of 252 beds. This decade saw improvements in the patient living areas and overall hospital environment, as air conditioner units were installed, ceilings were lowered, and new lighting was installed, making patient rooms brighter. At the same time, outdated hospital beds and equipment were replaced. The number of beds had been reduced from 252 to 200 by July 1968 in response to bed vacancies and staff reductions. Outpatient clinics also reported slow growth through most of the decade but growth began to increase toward the beginning of the 1970s, as the VA began an outreach program aimed at increasing veteran awareness about their benefits. Medical school affiliation continued, but not at the same level as residency programs being established at other hospitals in Wichita.⁷⁵

For the first time in nearly three decades, new construction, remodeling, and renovation projects were undertaken in the 1970s. These included resurfacing of all roads; construction of a new ambulance entrance and ramp at the front elevation of the administration building (Building 3, 1932);⁷⁶ the conversion of the nurses' residence (Building 5, 1932) into training classrooms and medical conference room space to meet the needs of the Physician Assistance and Medical Technology Schools in 1973; construction of a closed circuit television studio and control room on the second floor of the dining hall building (Building 2, 1932); creation of a new cast room on Ward 3 East; construction

⁷³ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 9.

⁷⁴ *Ibid.*, 10.

⁷⁵ *Ibid.*, 11.

⁷⁶ "Ambulance Entrance Start of VA Remodeling," *Wichita Beacon*, June 27, 1971.

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of a new office suite for medical service on the second floor of the dining hall building (Building 2, 1932); construction of a new elevated corridor connecting the second floors of the main building and the dining hall building (Buildings 1 and 2, both 1932); expansion and renovation of the medical library in the recreation building (Building 4, 1932); remodeling of the manager's quarters (Building 6, 1932) for use as a psychiatric day treatment center; and remodeling of the dental suite, dietetics area, engineering offices, laundry, pharmacy, admissions area, police office, morgue, and the rehabilitation medicine service. Other service areas established or expanded during this time included the pulmonary function laboratory, heart station, endocrine research laboratory, and a new hemodialysis suite and microbiology laboratory. Patient comfort and safety were improved with the installation of a new heating system in patient rooms, the widening of all patient room doorways, and the expansion of sprinkler systems. To save money and make the facility more energy efficient, windows on most of the buildings were replaced, and an additional fuel oil storage area was completed for emergency use. By the end of the decade, the medical center was poised to provide care for the increasing needs of Vietnam War era veterans.⁷⁷

The late 1970s also witnessed another move for the regional office. On July 7, 1978, the office was transferred from the VA Center's grounds to the newly refurbished Boulevard Office Park on George Washington Boulevard in Wichita. This facility formerly was known as the Sears Building. At the same time, the center was given a new name: Veterans Administration Medical and Regional Office Center. The space vacated by the regional office was transformed into the home for the new Behavioral Sciences Center, Prosthetics and Sensory Aids Service office, and Orthotics Laboratory, and was also used for pharmacy storage space.⁷⁸

The 1980s and 1990s saw many new changes and additions to the center's campus. Groundbreaking for the new \$10 million Surgical and Laboratory Building occurred on January 21, 1982, near Building 4, the auditorium/recreation building. Designated as Building 34, it was equipped with four operating rooms, six recovery beds, a new five-bed intensive care unit, a complete new Laboratory Service, and new Sterile Processing and Distribution Center. The building was completed and operational in 1984. To meet the expected increase in long term care of veterans, a \$6 million, sixty-bed nursing home was begun in September 1982. In April 1983 a \$5 million interior renovation and modernization project was begun for Buildings 26, 1, and 3. Exterior alterations noted included a new ambulance entrance for the new acute care area on the first floor of the regional office building (Building 26, 1948). The project, completed in 1985, reduced the number of beds at the medical center to 176.⁷⁹

In July 1992 the Veterans Affairs Regional Office Center was dedicated at the Wichita medical center. Although open for two months prior to the ceremony 300 people were in attendance to hear

⁷⁷ White, 11; Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 12.

⁷⁸ Veterans Administration, *A History of the Veterans Administration Center, Wichita, Kansas, Fiftieth Anniversary, 1933–1983*, 1983, located in the files of the United States Department of Veterans Affairs, Medical Media Department, Robert J. Dole Veterans Affairs Medical Center and Regional Office Center, Wichita, Kansas, 13.

⁷⁹ *Ibid.*, 14.

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speeches by Secretary of Veterans Affairs Ed Derwinski, U.S. Representative Dick Nichols, and U.S. Senator Robert J. Dole. The combination of facilities helped to centralize the process of allowing Kansas veterans to receive medical care and answer questions pertaining to benefits at the same time.⁸⁰

One of the VA Medical Center's duplexes was one of several buildings and businesses at the heart of contentious city plans to widen East Kellogg Avenue from Calvary Cemetery to Edgemoor into a six-lane freeway.⁸¹ The discussion continued for a number of years, particularly over compensation for the loss of property and buildings at the VA Medical Center grounds fronting East Kellogg.⁸² In 1996, following Senator Bob Dole's insertion of a provision in the federal budget transferring the contested land to the Federal Highway Administration, the land was released for transfer to the City of Wichita for the widening of East Kellogg.⁸³ In 1997, one of the Veterans Administration Center's duplexes was documented for the Historic American Building Survey (HABS).⁸⁴ This duplex, along with 70 other residential and commercial properties, was subsequently demolished following completion of the mitigative requirements, including the relocation of a monument honoring World War I Medal of Honor aviator and Wichita native Erwin Bleckley to the grounds of the VA Medical Center. Bleckley was one of only four aviators to receive the Medal of Honor in his attempt to make a food drop to the famed 77th Infantry Division's Lost Battalion, who was caught behind German lines in 1918. He was credited with the first aviation drops in military history. The Bleckley monument (Resource F) and a Wall of Honor were dedicated at the center on November 11, 1997.⁸⁵

One of the most recent changes made to the facility at the beginning of the twenty-first century was the renaming of the VA Medical Center at Wichita in honor of Kansas native and World War II veteran, U.S. Senator Robert J. Dole in 2002. Today the facility is known as the Department of Veterans Affairs Robert J. Dole Medical and Regional Office Center.⁸⁶

⁸⁰ "Veterans Get Benefits, Hospital In One VA Aid Office Is Added To Medical Complex," *Wichita Eagle*, July 18, 1992.

⁸¹ "Plan Envisions Kellogg, K-95 Completion By 1999," *Wichita Eagle*, October 18, 1989.

⁸² "East Kellogg Expansion Not Zipping Along Woes With Funds, Landowners Keep Plan In Slow Lane," *Wichita Eagle*, May 10, 1994.

⁸³ "Dole, Senate Bill May Settle Dispute On Kellogg Expansion," *Wichita Eagle*, September 29, 1995; "East Kellogg's Time Has Come," *Wichita Eagle*, May 14, 1996.

⁸⁴ "The Next Best Thing To Saving History Faced With Possible Demolition, Three Buildings On East Kellogg Are Being Documented For the Library Of Congress," *Wichita Eagle*, January 5, 1997.

⁸⁵ "Honoring Heroes A Monument to Wichitan Erwin Bleckley, A Medal Of Honor Winner, will be Rededicated on Tuesday, Veterans Day," *Wichita Eagle*, November 9, 1997.

⁸⁶ United States Department of Veterans Affairs, *Celebrating 75 Years of Serving Veterans: Robert J. Dole Medical and Regional Office Center*, Wichita, Kansas, 2008, 3.

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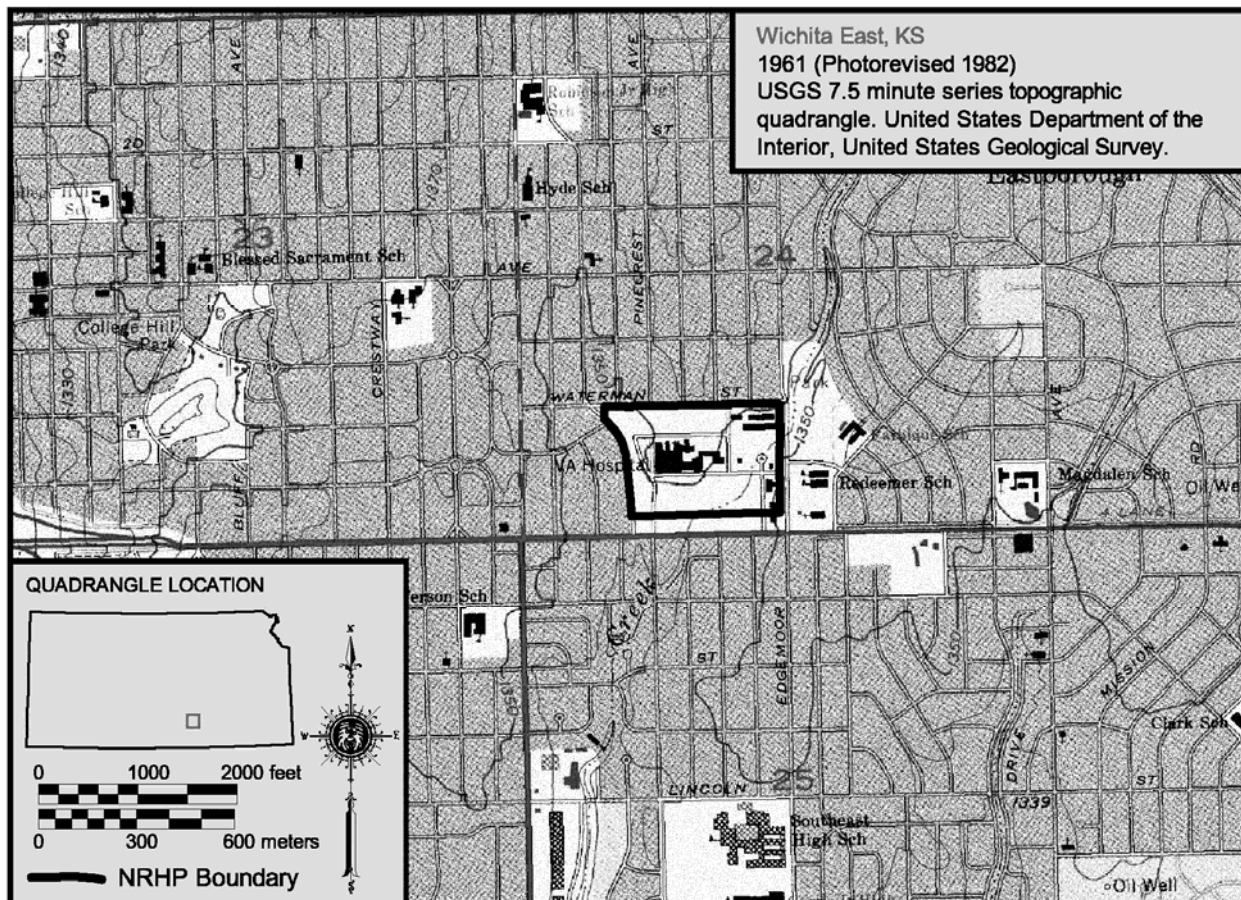
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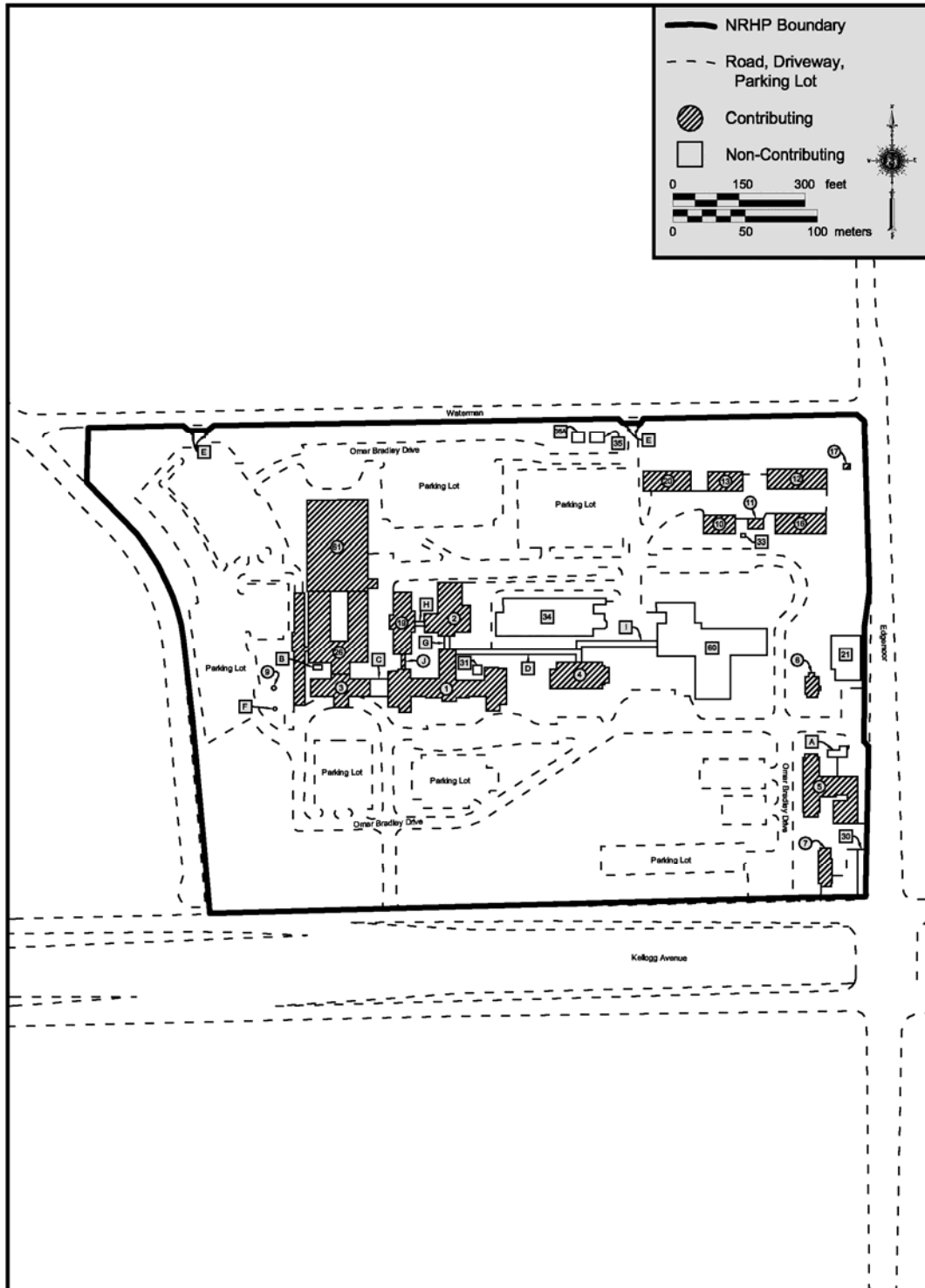
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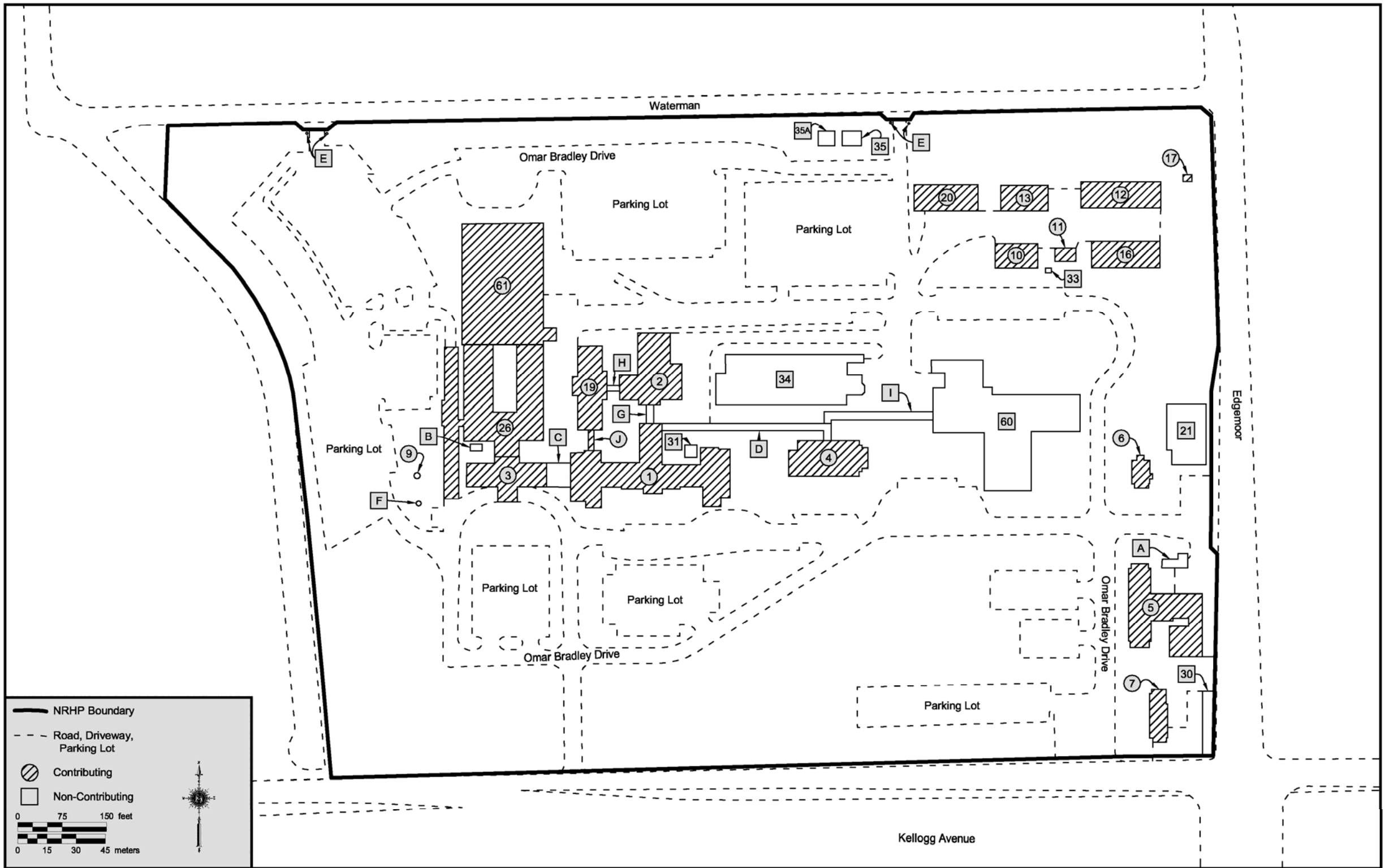
1961 (Photo revised 1982) Wichita East, Kansas, 7.5-minute topographic quadrangle map depicting the National Register boundary.



National Register boundary indicated on an aerial map.



Sketch map indicating National Register boundary, contributing and noncontributing resources (Note: The numerical designations of the resources were assigned by the VA or the Department of Veterans Affairs at the time of their construction. The "circa" dates of construction and letter designations were provided by the authors for resources without construction dates or numerical labels provided by the engineering department of the Robert J. Dole Medical and Regional Office Center, Wichita, Kansas).



Sketch map indicating National Register boundary, contributing and noncontributing resources (oversize) (Note: The numerical designations of the resources were assigned by the VA or the Department of Veterans Affairs at the time of their construction. The "circa" dates of construction and letter designations were provided by the authors for resources without construction dates or numerical labels provided by the engineering department of the Robert J. Dole Medical and Regional Office Center, Wichita, Kansas).

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Photograph Continuation Sheet

Name of Property: Wichita Veterans Administration Hospital (same for all photos)

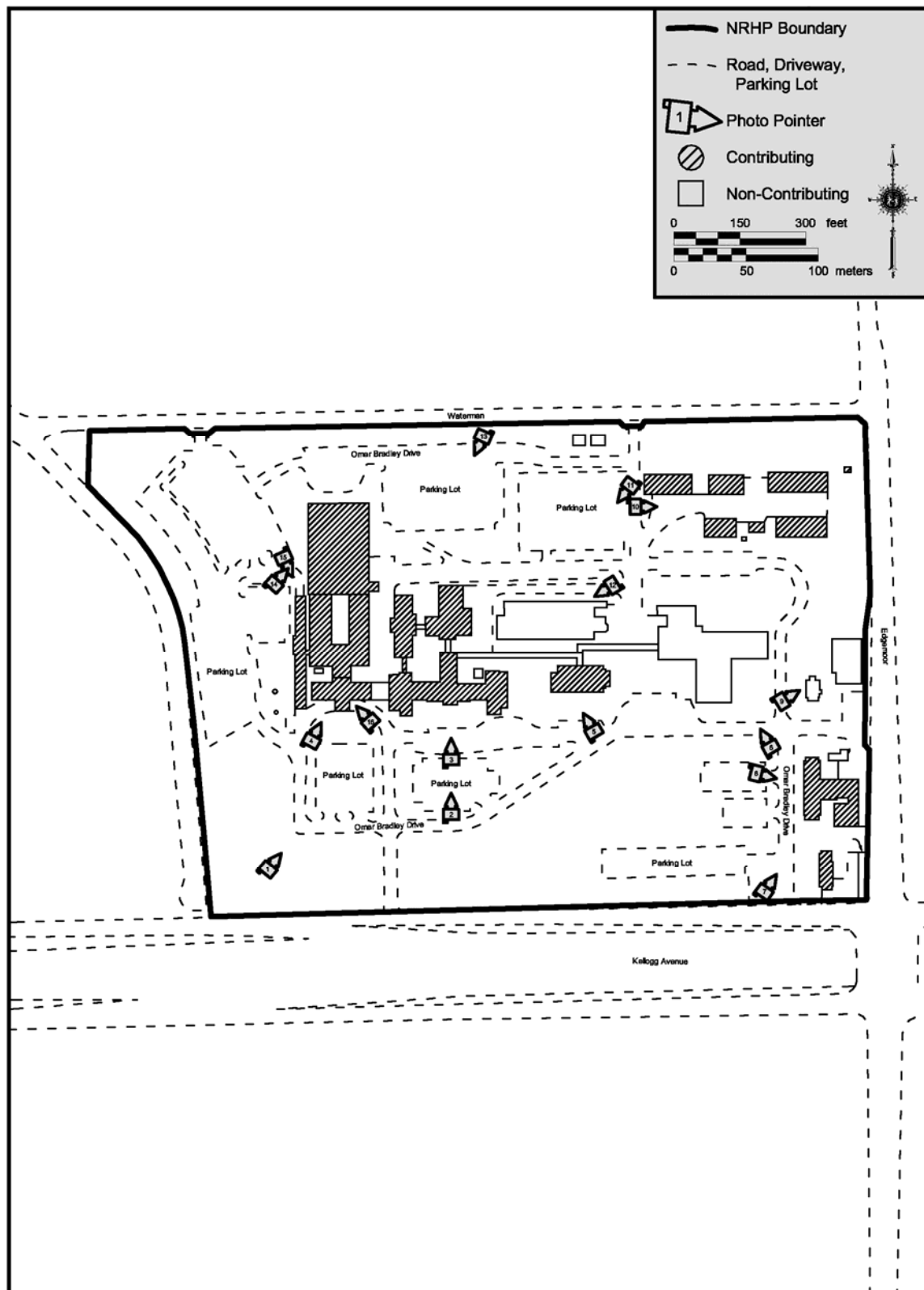
City, County, State: Wichita, Sedgwick County, Kansas (same for all photos)

Photographer: Trent Spurlock (same for all photos)

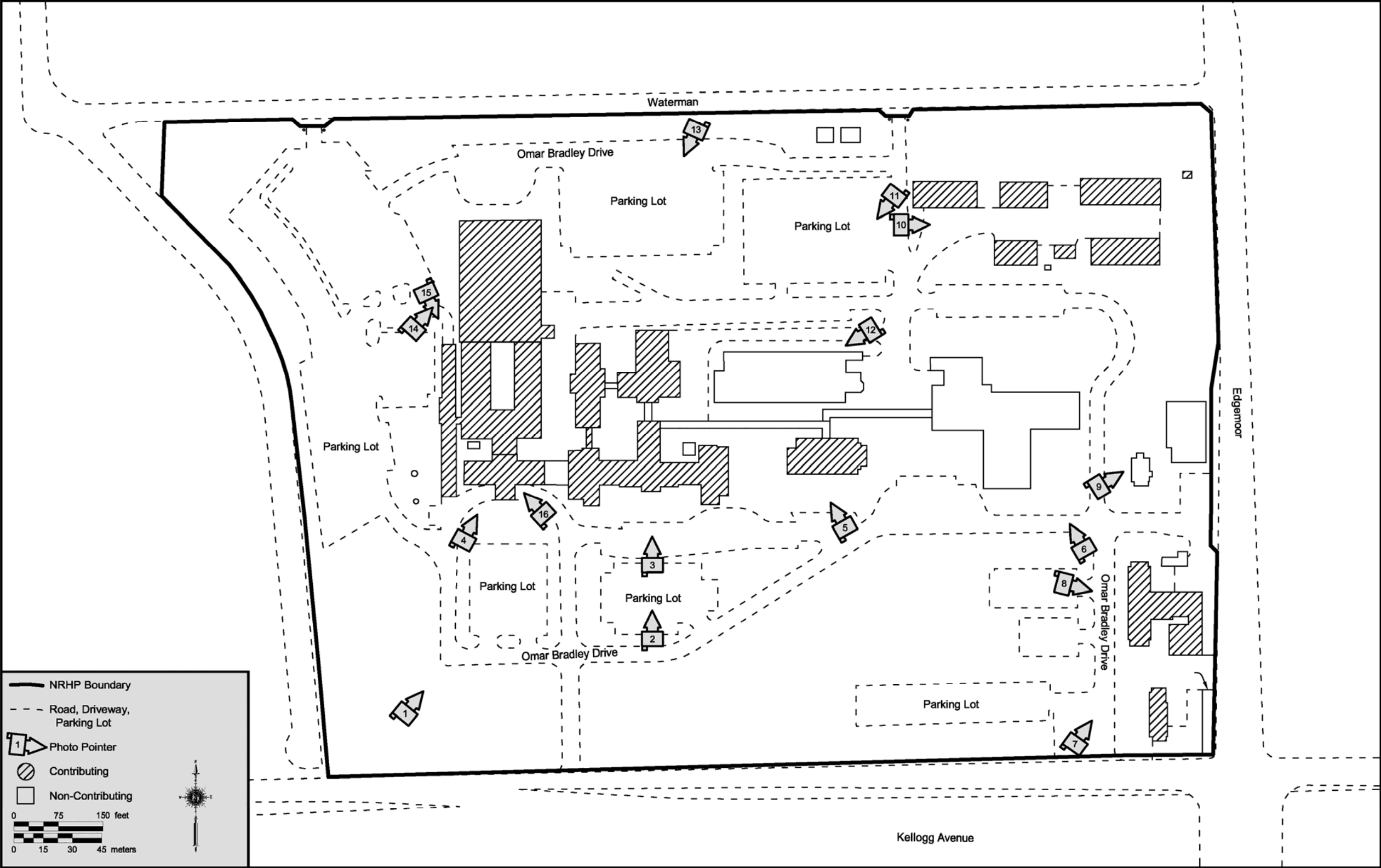
Photo date: December 9–11, 2010 (same for all photos)

Original Negative: N/A (submitted compact disc, same for all photos)

1. View to the northeast to Resources 3, 1, and 4.
2. View to the north to Resources 3, 1, and 4.
3. Facade (south) elevation of Resource 1. View looking north.
4. Facade (south) elevation of Resource 3. View looking northeast.
5. South elevation of Resource 4. View looking north-northwest.
6. South and east elevations of Resource 60. View looking northwest.
7. View to the northeast to Resources 6, 5, and 7.
8. Facade (west) elevation of Resource 5. View looking east-southeast.
9. Facade of Resource 6. View looking east-northeast.
10. View looking east to Resources 20, 13, 12, 16, and 10.
11. View looking southwest to Resources 4, 34, 1, 2, 19, and 26.
12. East and north elevations of Resource 34. View looking southwest.
13. View looking southwest to Resources 2, 1, 19, 26, and 61.
14. West elevation of Resource 61. View looking northeast.
15. West elevation of Resource 26. View looking south-southeast.
16. Undated photograph with view to the northwest during alterations to facade of Resource 3.



Sketch map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet.



Sketch map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet (oversize).